UnionBank

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

CUSTOMER: Please retain a copy for your records.

MANAGEMENT COMPANY NAME		
ASSOCIATION NAME		
UNIT ADDRESS		
HOMEOWNER UNIT NUMBER	ASSESSMENT AMOUNT	☐ New ☐ Update ☐ Cancel
UNIT OWNER NAME		UNIT ACCOUNT NUMBER
UNIT OWNER MAILING ADDRESS		
UNIT OWNER PHONE NUMBER	UNIT OWNER EMAIL ADDRESS	

I/We authorize the above Association to charge my/our checking account at the financial institution indicated on my/our voided check for the payment of my/our monthly association assessment on or about the **9th** of each month.

(fold) I/We understand that these assessments may change periodically, and that such changes will be provided to Union Bank® by the (fold) above named Association. I/We also understand that it is our responsibility to contact Union Bank at the address listed, to stop or cancel the automatic preauthorized payment once I am no longer a Unit Owner (or plan to change my payment arrangement), at least 72 hours prior to the following scheduled monthly payment.

STAPLE VOIDED CHECK HERE

PLEASE ATTACH A VOIDED CHECK (WITH <u>PREPRINTED</u> NAME AND ADDRESS) FROM THE CHECKING ACCOUNT THAT WILL BE CHARGED.

UNION BANK MUST RECEIVE THIS FORM BY THE 10TH DAY OF THE MONTH FOR THE AUTOMATIC CHARGE TO BE IN EFFECT FOR THE FOLLOWING MONTH.

UNION BANK WILL BE PERFORMING THE ORIGINATION OF THESE CHARGES ON BEHALF OF THE ASSOCIATION.

You will receive confirmation of start date via U.S. Mail. If you have any questions, you may call Union Bank at 1-800-836-5184.

Please mail this authorization to: **DESERT MANAGEMENT**
PO BOX 799
RANCHO MIRAGE, CA 92270

(fold) (fold)

I/We represent and warrant to MUFG Union Bank, N.A. that the undersigned are all signers required to transact business on said deposit account and understand that electronic transactions on said account is governed by the terms of my/our deposit account terms and disclosure.

First Name on Account (please print)
_____
x
_____
Signature

Date
_____

Second Name on Account (If applicable)
_____
x
_____
Signature

Date
_____

FOR BANK USE ONLY				
DATE RECEIVED	EFFECTIVE DATE	COMPLETED BY		DATE

FORM 02337-2 (Rev. 12/2014) eForm