


# AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS AUTOMATIC CHECKING DEDUCTIONS

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Unit Owner Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Account #/ Unit #: \_\_\_\_\_

 Association Name


I/We hereby authorize \_\_\_\_\_ hereinafter called the association, to initialize entries to my/our checking account at the depository institution listed below to debit the same to such account. I understand my participation in this program involves deduction from my account listed below which can be subject to corrections and/or adjustments as instructed by the association.

Unit owners bank name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Amount of monthly dues or payments: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Date due: \_\_\_\_\_

 Association Name

This authorization is to remain in full force and effect until \_\_\_\_\_ has received written notification from me/us/either party of its termination in such manner as to afford **Caribbean Property Management** and Executive National Bank a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature of member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of 2<sup>nd</sup> member (authorized person)

\_\_\_\_\_  
Date

ATTENTION: Please attach an original **VOID** check from participating account or a **legible** copy of voided check.

