

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

NAME: _____

MAILING _____

ADDRESS: _____

PROPERTY _____

ADDRESS: _____

ASSOCIATION: _____

ASSOC. ACCT#: _____

BANK ACCOUNT INFORMATION

BANK NAME: _____

ROUTING #: _____

BANK ACCT#: _____

I (we) hereby authorize the Association to initiate debit entries to my (our) checking account for the monthly assessments, special assessments, miscellaneous charges, late fees, and other related HOA fees. Indicated above is my (our) financial institution information to which said entries should be applied.

SIGNED

DATE

SIGNED

DATE

This Authorization will remain in full force and effect until stated Homeowners Association has received written notification from me (either of us) of its termination in such time and in such manner as to afford stated Homeowners Association and my (our) bank a reasonable opportunity to act on it (30 days).

PLEASE ATTACH VOIDED CHECK.

Please return completed and signed form to: Menas Realty Company
Attention: Accounts Receivables
4990 Mission Blvd.
San Diego, CA 92109