

(fold)

STAPLE VOIDED CHECK HERE

(fold)

FORM 02337-1 (Rev. 11/2000)

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

CUSTOMER: If required, photocopy for your records.

Association Name:			
Unit Address:			
Homeowner Unit Number:			
		account at the financial institution i on or about the <u>8th</u> of each mont	
I/We understand that these asses California by the above named As		, and that such changes will be pr	ovided to Union Bank of
	I A VOIDED CHECK (WITH <u>PRE</u> THE CHECKING ACCOUNT TH	<u>EPRINTED</u> NAME AND ADDRES AT WILL BE CHARGED.	S) FROM
		RM BY THE 10TH DAY OF THE M FOR THE FOLLOWING MONTH	_
UNION BANK OF CALIFORNIA WILL BE PERFORMING THE ORIGINATION OF THESE CHARGES ON BEHALF OF THE ASSOCIATION.			RGES ON BEHALF
You will receive confirmation of California at 1-800-927-6000. Please mail this authorization to:	·		y call Union Bank of
business on said deposit accour terms of my\our deposit account	nt and understand that electronic terms and disclosure. Union Ba	nat the undersigned are all signe c transactions on said account w nk of California, N.A. must receiv on such notification by the followir	ill be governed by the ewritten notification of
First Name on Account (please print)		<u> </u>	
x			
Signature		Date	
Second Name on Account (If applicable)		<u> </u>	
X			
Signature		Date	

STAPLE BEFORE MAILING

Postage Required Post Office will not deliver without proper postage.

UNION BANK OF CALIFORNIA HOMEOWNERS ASSN REMITTANCE PROCESSING N01-622 460 HEGENBERGER ROAD OAKLAND CA 94621-1496