AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS Automatic Checking Deductions

Unit Owner Name:	E-Mail:	
Acct No or Unit #		
entries to my (our) checkin account. I understand my	hereinafter called the ASSOCIA ag account at the DEPOSITORY INSTITUTION listed below, to debit the participation in this program involves deduction from my account I orrections and/or adjustments as instructed by the ASSOCIATION.	e same to such
Unit Owner's Bank Nam	ne:	
Bank Address:		
Routing number or ABA	number:	
Account number:	DDA SAV	
Amount of monthly due Payment	es or Frequency	
Date due:		ASSOC NAME
nouncation nom me (o	main in full force and effect untilhabre either of us) of its termination in such time and in such ma & POPULAR COMMUNITY BANK a reasonable opportu	
Signature of Member	Date	
Signature of Member (2 nd auth	horized person Date	
	/henever possible providea copy of a voide or rejected ACHs are subject to late fees	ed check to verify
FOR	DATE DATE SALEARS ACCOUNT Number Account Number B 1551 0734098 21106 0783 Check Number	70