

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Automatic Checking Deductions

Unit Owner Name: _____ E-Mail: _____

Acct No or Unit # _____

I (we) hereby authorized Stonebrook 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 Owner's Bank Name: _____

Bank Address: _____

Routing number or ABA number: _____

Account number: _____ DDA SAV

Amount of monthly dues or Payment 102.00 Frequency Monthly

Date due: 1st of the Month **ASSOC NAME**

This authorization is to remain in full force and effect until Stonebrook has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Stonebrook & EXECUTIVE NATIONAL BANK a reasonable opportunity to act on it.

Signature of Member Date

Signature of Member (2nd authorized person) Date

Attention participants: Whenever possible provide Stonebrook a copy of a voided check to verify bank information. Return or rejected ACHs are subject to late fees

