

AUTOMATIC WITHDRAWAL AUTHORIZATION

Please fill out the form below, sign and return with a VOIDED check to:

**P.O. Box 25466
Tempe, AZ 85285-5466**

Authorization Agreement For Pre-Arranged Payments

Please Staple

Voided Item

Here

Condominium/Project Name _____

I (we) hereby authorize COMPANY to initiate debit entries to my (our) Bank account and the depository, hereinafter called DEPOSITORY, as indicated with the attached item. This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (or either of us) has the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

Owner Name (Please Print) _____

Owner Address _____

Date

Sign

Sign