



**AUTHORIZATION AGREEMENT FOR
PREAUTHORIZED PAYMENTS**

Customer: If required, photocopy for your records.

Association Name: _____

Unit Address: _____

Homeowner Name: _____

Homeowner Unit Reference Number: _____

I/We authorize the above Association to charge my/our Checking account at the financial institution indicated on my/our voided check for the payment of my/our monthly association assessment on or about the 5th of each month.

I/We understand that these assessments may change periodically, or additional charges may be applied to your account and that such changes will be updated and collected from our checking account.

You must attach a voided check (with **PREPRINTED** NAME AND ADDRESS) from the checking account that will be charged.

Pro Realty Options must receive this form by the 25th day of the month for the automatic charge to be in effect for the following month.

Community Association Banc will be performing the origination of these charges on behalf of Pro Realty Options and your Association.

Please mail this authorization to: **PRO REALTY OPTIONS, INC.
ATTN: ACCOUNTING
318 - 164TH STREET SW
LYNNWOOD, WA 98087**

I/We represent and warrant to Pro Realty Options, Inc. and Community Association Banc that the undersigned are all signers required to transact business on said deposit account and understand that electronic transactions on said account will be governed by the terms of my/our deposit account terms and disclosure. Pro Realty Options, Inc. must receive written notification of my/our termination by the 25th day of the month in order to act upon such notification by the following month's payment.

First Name on Account (please Print) _____

Signature _____ Date: _____

Second Name on Account (if applicable) _____

Signature _____ Date: _____