

**PLEASE DO NOT FILL OUT THIS FORM IF YOU ARE ON AUTOMATED PAYMENT  
ALREADY AND THERE ARE NO CHANGES IN YOUR BANKING INFORMATION.  
THANK YOU.**

**AUTHORIZATION FOR PREAUTHORIZED PAYMENTS  
(ACH DEBITS)**

I/We hereby authorize the Association named below to debit my/our checking/savings account identified below each month to pay the amounts owed by me/either of us to Association, such debits to be initiated by electronic or other means.

I/We understand that (1) at the present time the monthly amount of each payment to be debited is the full amount due under the current monthly homeowners association assessment; (2) the monthly debit will be made on the **10th** day of each month or the first business banking day thereafter, and not earlier than fifteen (15) days after receipt of this authorization by Association or its bank; (3) Association shall be solely responsible for advising me/either of us of any change in that amount or day of the month before such a change is; and (4) I/either of us must sign a new authorization if my checking account number changes for any reason.

This authorization shall remain in effect until Association has received notice of revocation from me/either of us at the address provided by Association from time to time and has had a reasonable opportunity to act on it. The current such address is: 39821 Cedar Blvd., Newark, CA 94560. This arrangement may also be terminated by Association or Association's bank at any time.

_____	_____
Print Name of Financial Institution	Routing & Transit Number
	[ ] Checking Account [ ] Savings Account
<b>Murieta Homeowners Association</b>	_____
Print Name of Association Company	Account Number
_____	_____
Signature	Signature of Joint Account Holder
_____	_____
Print Name	Print Name
Date: _____, _____	MR No. _____ # of bedrooms: _____

**IMPORTANT NOTE:** please attach a voided check from the above Financial Institution marked "VOID".

<p style="text-align: center;"><b>FOR OFFICE USE ONLY</b></p> Received by: _____ (date). Your first automatic deduction will take place on _____ (date). Executed copy forwarded to Originator on _____ (date).
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