



**AUTHORIZATION AGREEMENT FOR
PREAUTHORIZED PAYMENTS**

CUSTOMER: Please retain a copy for your records.

MANAGEMENT COMPANY NAME So Cal Property Enterprises, Inc.	
ASSOCIATION NAME Dartmouth Arbors Homeowners Association	
UNIT ADDRESS <input type="checkbox"/> NEW <input type="checkbox"/> UPDATE <input type="checkbox"/> CANCEL	
HOMEOWNER UNIT NUMBER	ASSESSMENT AMOUNT
UNIT OWNER NAME	UNIT ACCOUNT NUMBER
UNIT OWNER MAILING ADDRESS	
UNIT OWNER PHONE NUMBER	UNIT OWNER EMAIL ADDRESS

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 **8th** of each month.

I/We understand that these assessments may change periodically, and that such changes will be provided to Union Bank® by the above named Association. I/We also understand that it is our responsibility to contact Union Bank at the address listed, to stop or cancel the automatic preauthorized payment once I am no longer a Unit Owner (or plan to change my payment arrangement), at least 72 hours prior to the following scheduled monthly payment.

STAPLE VOIDED CHECK HERE	PLEASE ATTACH A VOIDED CHECK (WITH <u>PREPRINTED</u> NAME AND ADDRESS) FROM THE CHECKING ACCOUNT THAT WILL BE CHARGED.
	UNION BANK MUST RECEIVE THIS FORM BY THE 10TH DAY OF THE MONTH FOR THE AUTOMATIC CHARGE TO BE IN EFFECT FOR THE FOLLOWING MONTH.
	UNION BANK WILL BE PERFORMING THE ORIGATION OF THESE CHARGES ON BEHALF OF THE ASSOCIATION.

You will receive confirmation of the start date via U.S. Mail. If you have any questions, you may call Union Bank at 1-800-836-5184.

Please mail this authorization to: **So Cal Property Enterprises, Inc.
1855 Sampson Avenue
Corona, CA 92879**

I/We represent and warrant to MUFG Union Bank, N.A., that the undersigned are all signers required to transact business on said deposit account and understand that electronic transactions on said account is governed by the terms of my/our deposit account terms and disclosure.

First Name on Account (please print)

X _____
Signature

Date

Second Name on Account (if applicable)

X _____
Signature

Date

FOR BANK USE ONLY			
DATE RECEIVED	EFFECTIVE DATE	COMPLETED BY	DATE



AUTOMATIC ELECTRONIC PAYMENT PROGRAM

Your account must have a zero balance to enroll in this program

If you are interested in our automatic payment program, the enrollment form is available at our website: www.socalenterprise.com. Click the link "Our Associations", select your association, and select the Automatic Deduction Payment Form. Write your Association name, property address, sign the bottom of the form, and attach a voided check (the signature must match the account holder of the checking account on the voided check) and **mail to our Corona office:**

So Cal Property Enterprises, Inc.

1855 Sampson Avenue

Corona, CA 92879

(Do not mail your form to the PO Box in Los Angeles)

We must receive your form and voided check by the tenth (10th) of the month to begin automatic payments for the following month's assessment. For example, we must receive your completed form and voided check in our Corona office by January 10th in order to begin automatic payments for the February assessment.

Payments are deducted on or about the 8th of each month. We will continue to mail courtesy statements for you to review your account. **Automatic payments are for assessment payments only** – not for special assessments, violation fines or other fees. Please review your courtesy statements each month, as any charges other than the HOA dues will not be automatically paid. You must maintain a zero balance to participate in the ACH program.

If your bank account does not have sufficient funds or is closed on the date of withdrawal, you will be responsible for NSF fees charged by our bank, and we will cancel future automatic deductions.

To change your checking account information, submit a new enrollment form, check the box at the top "Update Existing Account," and attach a voided check from your new checking account. To cancel ACH, please mail, fax, or email your request to our office.

If you have any questions, please contact our office.

Thank you,
Account Processing Department
So Cal Property Enterprises, Inc.