



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

	CUSTOMER: Please retain a copy for your				
	GEMENT COMPANY NAME				
50	Cal Property Enterprises, Inc.				
	vannah Association				
UNIT A	ADDRESS				
HOME	OWNER UNIT NUMBER	ASSESSMENT AMOUNT	l NEW	☐ UPDATE	☐ CANCEL
	OWNER OWN NOMBER	/ COLCOMENT / WINCOM			
UNIT (DWNER NAME	<u>'</u>	l	JNIT ACCOUNT NUME	BER
UNIT (DWNER MAILING ADDRESS				
UNIT	OWNER PHONE NUMBER	UNIT OWNER EMAIL ADDRESS			
for th I/We name autor	e payment of my/our monthly association as understand that these assessments may ched Association. I/We also understand that i	my/our checking account at the financial institutes sessment on or about the <u>8th</u> of each month. nange periodically, and that such changes will be to ur responsibility to contact Union Bank at to longer a Unit Owner (or plan to change my pate).	e provid he addı	ed to Union Bank ress listed, to sto	κ [®] by the above
	to the following scheduled monthly payment	t. 			
	PLEASE ATTACH A VOIDED CHECK (WITH <u>PREPRINTED</u> NAME AND ADDRESS) FROM				
	THE CHECKING ACCOUNT THAT WILL BE CHARGED.				
K HERE	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.				
ED CHEC	UNION BANK WILL BE PERFORMING THE ORIGINATION OF THESE CHARGES ON BEHALF OF THE ASSOCIATION.				
STAPLE VOIDED CHECK HERE	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			
depo		ank, N.A., that the undersigned are all signers ransactions on said account is governed by the			
First N	Name on Account (please print)				
Χ					
Signa	ture	Date			
Secor	nd Name on Account (if applicable)				
X					
Signa	ture	Date			
٠.٠		FOR BANK USE ONLY			
DATE I	RECEIVED EFFECTIVE DATE COMP	PLETED BY		DATE	

FORM 02337-2 (Rev. 12/2014) eForm



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 <a href="mailto-mai

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 <u>change</u> 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.