

**AUTHORIZATION AGREEMENT FOR
PREAUTHORIZED PAYMENTS**

CUSTOMER: If required. photocopy for your records.

MANAGEMENT COMPANY

MINK CONDOMINIUM MANAGEMENT AND CONSULTING

ASSOCIATION NAME

ACCOUNT NUMBER

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

PLEASE ATTACH A VOID CHECK (WITH PREPRINTED NAME AND ADDRESS) FROM THE CHECKING ACCOUNT THAT WILL BE CHARGED. MINK CONDOMINIUM MANAGEMENT MUST RECEIVE THIS FORM BY THE 10TH DAY OF THE MONTH FOR THE AUTOMATIC CHARGE TO BE IN EFFECT FOR THE FOLLOWING MONTH.

STAPLE VOID CHECK HERE

Please mail this authorization to: Mink Condominium Management
4040 Glencoe Ave
Marina del Rey, CA 90292

I/We represent and warrant to Mink Condominium Management 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. Mink Condominium Management must receive written notification of my/our termination by the 10th day to act upon such notification by the following month's payment.

First Name on Account (please print)

x _____
Signature Date

Second Name on Account (If applicable)

x _____
Signature Date