

**AUTHORIZATION AGREEMENT
FOR PREAUTHORIZED PAYMENTS**

ACH FORM

Association Name: Niguel Shores Community Association

Property Address: _____

Homeowner Account 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 quarterly association assessment on or about the 10th of the month. I (we) agree that ACH transactions I (we) authorize will comply with all United States law.

I / We understand that these assessments may change and that such changes will be noticed prior to pulling funds.

STAPLE VOIDED CHECK HERE

PLEASE ATTACH A VOIDED CHECK (WITH PREPRINTED NAME AND ADDRESS) FROM THE CHECKING ACCOUNT THAT WILL BE CHARGED.

NIGUEL SHORES COMMUNITY ASSOCIATION MUST RECEIVE THIS FORM A MONTH PRIOR TO THE DUE DATE FOR THE AUTOMATIC CHARGE TO BE IN EFFECT FOR THE FOLLOWING MONTH.

NIGUEL SHORES COMMUNITY ASSOCIATION WILL BE PERFORMING THE ORIGINATION OF THESE CHARGES.

If you have any questions, you may call the NSCA office at (949) 493-0122.

Please mail this authorization to: **Niguel Shores Community Association**
33654 Niguel Shores Drive
Dana Point, CA 92629

I/We represent and warrant to Niguel Shores Community Association 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. Niguel Shores Community Association must receive written notification of my/our termination by the 10th day of the month in order to act upon such notification by the following month's payment.

First and Last Name on Account
(please print)

Signature

Date

Second Name on Account (if applicable)

Signature

Date