



**AUTHORIZATION AGREEMENT FOR  
PREAUTHORIZED PAYMENTS**

CUSTOMER: Please retain a copy for your records.

MANAGEMENT COMPANY: **Valencia Management Group** \_\_\_\_\_ New \_\_\_\_\_ Update \_\_\_\_\_ Cancel

ASSOCIATION NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

OWNER NAME \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_ Mo. Amount: \_\_\_\_\_

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 8<sup>th</sup> 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 5 business days prior to the following scheduled monthly payment.

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

*VALENCIA MANAGEMENT MUST RECEIVE THIS FORM BY THE 15<sup>TH</sup> DAY OF THE MONTH FOR THE AUTOMATIC CHARGE TO BE IN EFFECT FOR THE FOLLOWING MONTH.*

*UNION BANK WILL BE PERFORMING THE ORIGINATION OF THESE CHARGES ON BEHALF OF THE ASSOCIATION.*

**You will receive confirmation of start date via U.S. Mail. If you have any questions, you may call Valencia Management Group Accounting Dept. at 661-295-9474 ext, 143**

Please mail this authorization to (HOA Name): \_\_\_\_\_

**c/o Valencia Management Group  
Accounting Department  
P.O. Box 802920  
Santa Clarita, CA 91380**

I/We represent and warrant to Union Bank, NA 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.

\_\_\_\_\_  
First Name on Account (Print)

\_\_\_\_\_  
Second Name on Account (Print, if applicable)

**X** \_\_\_\_\_  
Signature

**X** \_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

FOR BANK USE ONLY			
DATE RECEIVED	EFFECTIVE DATE	COMPLETED BY	DATE