

**PREAUTHORIZED PAYMENT SERVICE AUTHORIZATION
HOMEOWNER ACH DEBIT TRANSFER
(Please Print & Complete Entire Form)**

Property Management Company Name: PROGRESSIVE COMMUNITY MANAGEMENT

Homeowner Association Name: EL NIGUEL HEIGHTS COMMUNITY ASSOC.

Homeowner Association Account Number: _____

Amount of Current Assessment: \$_____ per month

Homeowners Name(s):

Last First MI

Last First MI

Last First MI

Property Address: _____ Billing Address: _____

Telephone: Days () _____ Evening () _____

I (we) hereby authorize Sunwest Bank, hereinafter referred to as Bank, to act at the direction of named above to initiate debit entries to my (our) Checking Account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account. Bank is authorized to adjust this debit authorization upon notice by Association or its Agent of any change in the regular assessment.

Depository Name _____

Depository Address _____

Depository City, State, Zip _____

Routing Number (9 digits) _____

Account Number _____

Account Type (Circle One): Checking Savings

This authority is granted in accordance with the terms and conditions of the Association's Preauthorized Automatic Payment Agreement and Disclosure Statement, receipt of which is hereby acknowledged. This authority is to remain in full force and effect until Bank has received written notification from Management of its termination in accordance with the terms and conditions of the Association's Preauthorized Automatic Payment Agreement and Disclosure Statement.

Signed: _____ Signed: _____

Date: _____ Date: _____

**ATTACH A "VOIDED" CHECK FROM YOUR CHECKING ACCOUNT
OR A "VOIDED" DEPOSIT SLIP FROM YOUR SAVINGS ACCOUNT
PLEASE SIGN BOTH SIDES OF THIS DOCUMENT**