

**AUTHORIZATION AGREEMENT FOR
PREAUTHORIZED PAYMENTS**



MANAGEMENT COMPANY NAME: CJM ASSOCIATION SERVICES, INC.
ASSOCIATION NAME: _____
PROPERTY ADDRESS: _____
MAILING ADDRESS: _____
ASSOCIATION ACCOUNT NUMBER (LOCATED ON STATEMENT FROM CJM): _____

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 10TH OF EACH MONTH. I/WE UNDERSTAND (THAT THE ASSESSMENTS MAY CHANGE PERIODICALLY. AND THAT SUCH CHANGE WILL BE PROVIDED TO CITY NATIONAL BANK BY THE ABOVE NAMED ASSOCIATION OR MANAGEMENT COMPANY.

PLEASE ATTACH A VOIDED CHECK (WITH PREPRINTED NAME AND ADDRESS) FROM THE CHECKING ACCOUNT THAT WILL BE CHARGED. CJM ASSOCIATION SERVICES, INC. MUST RECEIVE THE FORM BY THE LAST DAY OF THE MONTH FOR THE AUTOMATIC CHARGE TO BE IN EFFECT FOR THE FOLLOWING MONTH.

YOU WILL RECEIVE CONFIRMATION OF START DATE VIA PHONE OR E-MAIL, PLEASE ENTER YOUR CONTACT INFORMATION HERE:

PHONE NUMBER: _____

EMAIL ADDRESS: _____

CITY NATIONAL BANK WILL PERFORM THE ORIGATION OF THESE CHARGES ON BEHALF OF THE ASSOCIATION.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL OUR OFFICE AT: (925) 426-1508

PLEASE MAIL AUTHORIZATION TO:
CJM ASSOCIATION SERVICES, INC.
PO Box 190
PLEASANTON, CA 94566

YOU CAN ALSO EMAIL THE FORM TO:
LYNN@CJMASI.COM

I/WE REPRESENT AND WARRANT TO CITY NATIONAL BANK THE(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. CITY NATIONAL BANK MUST RECEIVE WRITTEN NOTIFICATION OF MY/OUR TERMINATION BY THE 25TH DAY OF THE MONTH IN ORDER (TO ACT UPON SUCH NOTIFICATION BY THE FOLLOWING MONTH'S PAYMENT.)

FIRST NAME ON ACCOUNT (PLEASE PRINT)

SIGNATURE

DATE

SECOND NAME ON ACCOUNT (IF APPLICABLE)

SIGNATURE

DATE

ID 08/2016

(008)