

### AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

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 updated by Mink Condominium Management & Consulting to ensure the current deduction is processed

**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 20TH OF THE MONTH FOR THE AUTOMATIC DEDUCTION TO BE EFFECTIVE FOR THE FOLLOWING MONTH.**

If void check is **not** included please indicate -- Bank routing # \_\_\_\_\_ Account # \_\_\_\_\_

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

(The authorization may also be emailed to robert@minkcondo.com)

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

STAPLE VOID CHECK HERE