

HOMEOWNERS AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (AUTODEBITS)

Association Name: _____

Unit Address: _____

San Francisco, CA

Zip: _____

Mailing Address: _____

City, State: _____

Zip: _____

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 the above named Association will provide such changes to Chandler Properties.

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

CHANDLER PROPERTIES MUST RECEIVE THIS FORM BY THE 10TH DAY OF THE MONTH FOR THE AUTOMATIC CHARGE TO BE IN EFFECT FOR THE FOLLOWING MONTH.

CHANDLER PROPERTIES WILL BE PERFORMING THE ORIGATION OF THESE CHARGES ON BEHALF OF THE ASSOCIATION.

STAPLE VOIDED CHECK HERE

You will receive confirmation of start date via U.S. Mail. If you have any questions, you may call Chandler Properties at (415) 921-5733.

Please mail this authorization to:

Chandler Properties
2799 California Street
San Francisco, CA 94115

I/We represent and warrant to Chandler Properties 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. Chandler Properties 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 Name on Account (please print)

X

Signature

Date

Second Name on Account (please print)

X

Signature

Date