AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS High Desert Residential Owners Association, Inc.

Homeowner Name(s):			
Homeowner Address: _			
Homeowner ID #:	100 (HOAMCO will fill in if you do not know)		
Is this Authorization:	New Addition	Change	Deletion
HEREINAFTER CALLED		E DEBIT ENTRIES FOR T	NERS ASSOCIATION, INC., THE CURRENT BALANCE DUE
Effective Date (Month/Y	/ear):		-
Name on Account			
Depository	Your Bank Name		
	City		State
Banking Transit / ABA#	(9 digits)	Account No	
	(9 digits)		ing () Savings
		CHECK FOR THE CURRE	NT ASSESSMENT** 5 TH – 27 TH OF THE MONTH
notification from me o			pository have received written er as to afford Company and
Authorized Signatur	re for Above Account	Printed Name	Date
Authorized Signature for Above Account (If second signature is required)		Printed Name	Date
To receive an Email ver	ification of receipt and sta	rt date, please provide us	an email address:
		, Prescott, AZ 86304	