

Name: _____ Amount: _____

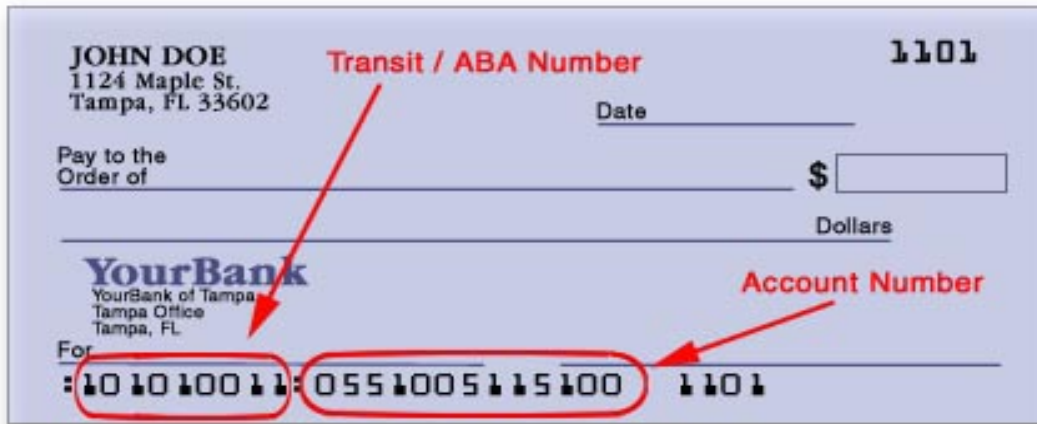
Manor Address: _____ File No: _____

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

New [] Change [] Month to Begin: _____

I hereby authorize the Mutual Operations Division of the Golden Rain Foundation as managing agents for _____ Walnut Creek Mutual hereinafter called COMPANY, to make debit entries at the depository named below, hereinafter called DEPOSITORY, for the payment of my monthly association assessment on or about the 6th of each month.

**ATTACH VOIDED CHECK BELOW:
(REQUIRED)**



Please attach a voided check from the account that will be used to make payments. This authorization is to remain in full force and effective until the COMPANY has received **written notification from me of its termination** in such time and manner as to afford the COMPANY and the DEPOSITORY a reasonable opportunity to act on it. Changes will need to be received at least 10 Days before the 6th of each month.

First Name on Account (Please Print)

Signature (REQUIRED)

Date

Second Name on Account (Please Print)

Signature

Date

ALL WRITTEN DEBIT AUTHORIZATIONS PROVIDE THAT THE AUTHORIZATION MAY BE REVOKED ONLY BY NOTIFYING THE **HOME OWNER'S ASSOCIATION** IN THE MANNER SPECIFIED ABOVE.

MAIL LETTER TO: 800 ROCKVIEW DRIVE, WALNUT CREEK, CA 94595
OR
Drop it in the Black Drop Box to the RIGHT of MOD's Main Entrance