

**AUTHORIZATION AGREEMENT FOR
PRE AUTHORIZED PAYMENTS**

PLEASE MAIL THIS FORM TO:

**Padron & Montoro, LLP.
13358 S.W. 128 Street
Miami, Florida 33185**

YOU MAY FAX THIS FORM TO:

305 253 0832

FOR QUESTIONS OR ASSISTANCE

PLEASE CALL: 305 232 4400

HOMEOWNER'S NAME: _____

ASSOCIATION: _____

ACCOUNT NUMBER: _____

PROPERTY ADDRESS: _____

TELEPHONE: _____

I (we) hereby authorize _____ herein after called the Association, to initialize debit entries to my (our) __checking account/ __Savings Account (select one) indicated below at Executive National Bank and to debit the same to such account. I (we) Acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

BANK INFORMATION:

Name: _____

Address: _____

Account No.: _____

Routing No.: _____

Amount to be deducted: \$ _____ () Monthly () Quarterly

Due Date: The first

This authorization is to remain in full force and effect until the Association has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Association and Executive National Bank a reasonable opportunity to act on it.

Signature of Owner

Date Signed

Signature of Owner

Date Signed

**Whenever possible, please provide the Association with a copy of a voided or canceled check to verify bank information. Return or rejected ACH's are subject to late fees.
Form must be received in our office by the 15th day of the prior month in which agreement will become effective.**