

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (EZPAY) GOLDEN RAIN FOUNDATION OF LAGUNA WOODS, INC.	MANOR NO.
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I HEREBY AUTHORIZE THE GOLDEN RAIN FOUNDATION OF LAGUNA WOODS, (THE FOUNDATION), TO INITIATE DEBIT ENTRIES TO MY ACCOUNT IN THE FINANCIAL INSTITUTION NAMED BELOW (THE DEPOSITORY), TO DEBIT THE SAME TO SUCH ACCOUNT IN AN AMOUNT EQUAL TO MY MONTHLY ASSESSMENT (ASSOCIATION DUES) AS MAY BE DETERMINED BY MY MUTUAL AND THE FOUNDATION FROM TIME TO TIME, AND ANY APPLICABLE LATE CHARGES. THIS AUTHORIZATION DOES NOT REQUIRE THE FOUNDATION TO INITIATE SUCH DEBITS, AND I EXPRESSLY ACKNOWLEDGE THAT I AM RESPONSIBLE FOR MY PAYMENTS REGARDLESS OF WHETHER FOUNDATION EXERCISES ITS AUTHORITY TO DEBIT SUCH ACCOUNT AND REGARDLESS OF WHETHER THERE ARE SUFFICIENT FUNDS ON DEPOSIT IN SUCH ACCOUNT. I EXPRESSLY AGREE THAT FOUNDATION'S LIABILITY UNDER THIS AUTHORIZATION AGREEMENT SHALL BE LIMITED EXCLUSIVELY TO AMOUNTS WHICH ARE NEGLIGENTLY OR INTENTIONALLY DEBITED BY FOUNDATION, AND WHICH EXCEED MY MONTHLY ASSESSMENT AND ANY APPLICABLE LATE CHARGES.

THIS AUTHORITY IS TO REMAIN IN EFFECT UNTIL FOUNDATION HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND MANNER AS TO AFFORD FOUNDATION AND DEPOSITORY A REASONABLE OPPORTUNITY TO ACT ON IT.

PRINT NAME	RESIDENT I.D. NO.
SIGNATURE	TELEPHONE NO.
DATE	

BANK NAME	
BRANCH	
TYPE OF ACCOUNT	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

SPACE BELOW IS FOR ACCOUNTING DEPARTMENT USE ONLY

TRANSIT ROUTING NUMBER	ACCOUNT NUMBER

DEPOSITORY NAME	CITY, STATE, ZIP	BANK CODE
ADDRESS	TELEPHONE NO.	

PROCESSED BY	DATE	VERIFIED BY	DATE