

**AUTHORIZATION AGREEMENT FOR  
PRE AUTHORIZED PAYMENTS**

**PLEASE MAIL THIS FORM TO:**

**Joseph R. Padron, P.A.  
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:** \_\_\_\_\_

I (we) hereby authorize \_\_\_\_\_ herein after called the Association, to initialize entries to my (our) checking account indicated below at the Depository, to debit the same to such account.

**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.**