Western Property Management Services, Inc.

23282 Mill Creek Drive, Suite 320, Laguna Hills, CA 92653 (949) 334-6025 FAX (949) 334-6033

DEBIT AUTHORIZATION FORM

| I hereby authorize | | | | | |
|--|-------------------|----------------------------------|--------------|---|--|
| PRINT NAME | | ASSOCIATION NAME | | | |
| | named below, her | | | o my account indicated below and stitution, to debit the same to such | |
| I acknowledge that | | of ACH transa provisions of U | | account must comply with the | |
| FINANCIAL INSTITUTION N | AME | | _ | BRANCH | |
| ADDRESS | CITY | STATE | ZIP CODE | | |
| ROUTING NUMBER | | | CH | IECKING ACCOUNT NUMBER | |
| This authority is to remai received a 30 day writter | | | Vestern Prop | erty Management Services, Inc. has | |
| SIGNATURE | | | НОМ | HOMEOWNER ACCOUNT NUMBER | |
| PRINT INDIVIDUAL NAME | | | ASSO | ASSOCIATION PROPERTY ADDRESS | |
| PHONE NUMBER | | | DATE | | |
| PLEA | SE ATTACH A CO | OPY OF A VOII | DED CHECK | TO THIS FORM | |
| Plea | ase choose one of | f the following | dates for au | tomatic debit: | |
| Please che | eck your choice o | f either the 2 nd | d or the 15 | o th of each month | |