



**UNIVERSITY HILLS CONDOMINIUM OWNERS ASSOCIATION
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

Please complete and sign this authorization form. Attach a voided check and return to Accounting Dept - 1083 California Avenue, Irvine, CA 92617. Your designated Financial Institution must be capable of processing our automatic debit transaction. Please confirm this with your Financial Institution.

Customer Name: _____

Address: _____

University Hills Account #: _____

I (We) hereby authorize UNIVERSITY HILLS CONDOMINIUM ASSOCIATION, hereinafter called UHCOA I, to initiate debits to my account indicated below at the Financial Institution named below in the amount of my monthly UHCOA I bill.

Bank Name: _____

Bank Account #: _____

Routing Number: _____

This authorization is to remain in full force until UHCOA I has received written notification from me (or either of us) of its termination in such a manner as to afford UHCOA I and the Financial Institution reasonable opportunity to act upon it.

Signature(s): _____

Date: _____

Please continue to make your payments by check until you receive notification of the Direct Debit start date from our Accounting Department.