10540 Caminito Baywood San Diego, CA 92126 www.mvhoa.org email: mvhoa@mvhoa.org Phone: (858)566-0244 Fax: (858)566-0231

AUTO DEBIT FORM

Please fill out the form below and attach a <u>VOIDED CHECK</u> (not a deposit slip). Please make a copy for your records. If you have any questions please call Mission Association at 1-800-414-9455.

MAIL TO: Mission Association Financial Mgmt, Inc 27281 Las Ramblas Suite 120 Mission Viejo, CA 92691

AUTHORIZATION FOR (I(we) hereby authorize	CLEARPAY" SERV MESA VILLAGE HOME		COCIATION	ated agent here:	after callled "COMPAN
i(we) hereby authorize	NAME OF ASI	especial problems	, or its design	ateu agent, nere	alter called CONFAN
to initiate debit entries to my(our)	checking account indicated	below with the	depository institution named below, he	ereinafter called '	DEPOSITORY".
DEPOSITORY NAME			BRANCH NAME	1	
STREET ADDRESS		CITY		STATE	ZIP CODE
TRANSIT ROUTING\ABA NUMBER			ACCOUNT NUMBER	Letter only the second of the second	
n such manner as to afford COMF	PANY and DEPOSITORY a			ner of us) of its te	rmination in such time
CUSTOMER NAME	ID NUMBER		CUSTOMER NAME (If Joint Account)		ID NOMBEH
SIGNATURE		DATE	SIGNATUREIf Joint Account		DATE
v		,	v		2.7