Pre-Authorized Electronic Assessment Payment Authorization Form ACH IS PROCESSED ON THE 15th OF EACH MONTH

Please mail or fax to:

Pride Community Management P.O. BOX 13615 Chandler, AZ 85248 Phone: (480) 682-3209 / Fax: (480)682-3208

Last Name	First		M.I.
Last Name	First		M.I.
agent for the associat		itiate debit entri	ferred to as BANK, as ar les to my (our) checking
Bank Name			
Bank Routing Numbe	r	Bank Account	Number
Authorized Electronic A which I hereby acknow Pride Community Mana of us) of its termination	Assessment Payment Avledge. This authority agement, Inc. has recei	greement & Disc is to remain in ved written notif afford Pride Com	ditions of the Bank's Pre- closure Statement receip full force and effect unti- cation from me (or either munity Management, Inc
Sign	Date	Sign	Date
Daytime Phone	Daytime Phone		
*****	***Please Attach a \	oided Check	*****
	(For Office U	se Only)	
Effective Date:	Payment Amt		AB