



Authorization Agreement for
Preauthorized Payments
___ New ___ Update

MANAGEMENT COMPANY NAME:
ASSOCIATION NAME:
UNIT ADDRESS:
HOMEOWNER ACCOUNT NUMBER:
(located on coupon or billing statement)
EMAIL ADDRESS:
BEGIN SERVICE ON:

I/we authorize the above Association to charge my/our checking account at the financial institution indicated on my/our voided check or listed below for the payment of my/our association assessment on or about the 10th of each month.

I/we understand that the assessment amount may change periodically, and that such a change will be provided to Heritage Bank of Commerce by the above named Association or Management Company.

PLEASE ATTACH A VOIDED CHECK (WITH PREPRINTED NAME AND ADDRESS) FROM THE CHECKING ACCOUNT THAT WILL BE CHARGED.
HERITAGE BANK OF COMMERCE MUST RECEIVE THIS FORM BY THE 15TH OF THE MONTH FOR THE AUTOMATIC CHARGE TO BE IN EFFECT FOR THE FOLLOWING MONTH.
You will receive a confirmation of your start date via U.S. Mail if an email address is not provided.

HERITAGE BANK OF COMMERCE WILL DEBIT YOUR CHECKING ACCOUNT ON BEHALF OF THE ASSOCIATION NAMED ABOVE.

Please mail authorization to: Heritage Bank of Commerce
HOA Remittance Processing
P.O. Box 11014
San Jose CA 95103

Or email to: hoaspecialtybanking@herbank.com

Any questions regarding your payment, please call (844) 489-0999

I/we represent and warrant to Heritage Bank of Commerce that the undersigned are all signers required to transact business on said deposit account and understand that electronic transactions on said account will be governed by the terms of my/our deposit account terms and disclosure. Heritage Bank of Commerce must receive written notification of my/our termination by the 15th day of the month in order to act upon such notification by the following month's payment.

Print Name

Signature

Date

Member FDIC