



C.C.H.O.A.
505 Grand Caribe Isle
Coronado CA 92118

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HOMEOWNERS ASSOCIATION

Authorization Agreement for Preauthorized Payments

I (we) hereby authorize the Association to initiate debit entries to my (our) checking account for the monthly assessment payments as approved by the Coronado Cays Homeowners Board of Directors. Indicated below is my (our) bank and bank account number to which said debit entries should be applied.

Bank Name: _____

City: _____ State: _____ Zip: _____

Bank Acct. No. _____ Bank Routing No. _____

This authorization is to remain in full force and effect until Coronado Cays Homeowners Association has received **written notification** from me (either of us) of its termination in such time and in such manner as to afford Coronado Cays Homeowners Association and my bank a reasonable opportunity to act on it.

Please attach VOID CHECK here

You can scan this document and email it to:

kkaiwi@cchoa.org

Print name(s): _____

CCHOA Account No. _____ Amount \$ _____

Property Address: _____ Start Date: _____

Phone number(s): _____

Signed: _____ Date: _____

Signed: _____ Date: _____