

AUTHORIZATION AGREEMENT for ClearPay SERVICE

LAKE MISSION VIEJO ASSOCIATION	ACCOUNT NUMBER
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PREAUTHORIZED PAYMENTS

I(we) hereby authorize Lake Mission Viejo Association, hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository hereinafter called FINANCIAL INSTITUTION, to debit the same to such account.

FINANCIAL INSTITUTION	BRANCH	
CITY	STATE	ZIP CODE
TRANSIT/ABA NUMBER	ACCOUNT NUMBER	

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

NAME(S) (PLEASE PRINT)		ADDRESS
DATE	SIGNATURE	SIGNATURE