



TO ALLOW SONIAT REALTY, INC. TO MAKE ELECTRONIC WITHDRAWALS FROM MY ACCOUNT
AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (we) hereby authorize \_\_\_\_\_ Condominium
c/o Soniat Realty, Inc., hereinafter called COMPANY, to initiate debit entries to my (our) [ ] Checking [ ]
Savings account (select one) indicated below and the depository named below, hereinafter called
DEPOSITORY, to debit same to such account. Each ACH transaction will incur a \$1.00 transaction fee which
may show on your bank statement as coming from PAYLEASE, our ACH processing company.

DEPOSITORY (BANK or SAVINGS & LOAN CO.)

NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_
CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
ACCT #: \_\_\_\_\_ ROUTING #: \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written
notification from me (or either of us) of its termination in such time and in such manner as to afford
COMPANY and DEPOSITORY a reasonable opportunity to act on it. The undersigned acknowledges that the
amount withdrawn will change if the assessments for the association change.

UNIT #: \_\_\_\_\_
AMOUNT OF WITHDRAWAL: \$ \_\_\_\_\_
PURPOSE OF WITHDRAWAL: Monthly Assessments
MONTH TO BEGIN ELECTRONIC TRANSFER: \_\_\_\_\_

ELECTRONIC TRANSFER WILL TAKE PLACE BETWEEN THE 5TH & 10TH OF EACH MONTH.
Please attach a voided CHECK (not a deposit slip) for this account.

NAME (please print): \_\_\_\_\_ SS # (optional): \_\_\_\_\_
PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

If you have any questions, please contact Lisa Breitenbach by telephone at 504-274-2807 or email
Lisa@SoniatRealty.com.

