



**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 \$5.00 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amount withdrawn will change if the assessments for the association change.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 5<sup>TH</sup> & 10<sup>TH</sup> 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 Stephanie Gregoire by telephone at 504-274-2808 or  
email [stephanie@soniatrealty.com](mailto:stephanie@soniatrealty.com).



**PROPERTY MANAGEMENT | SALES AND LEASING | CONSULTING**

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