

Community Name _____ Lot/Account # _____

Pre-Authorized Electronic Assessment Payment Authorization Form

Please mail or fax to:
Pride Community Management
P.O. Box 13615
Chandler, AZ 85248
Phone: (480) 682-3209 / Fax: (480)682-3208

Last Name	First Name	M.I.
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Last Name	First Name	M.I.
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I (We) do hereby authorize Alliance Bank, hereinafter referred to as BANK, as an agent for the association named above to initiate debit entries to my (our) checking account indicated below at the bank named below.

Bank Name	Branch Address
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Bank Routing Number	Bank Account Number
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This authority is granted in accordance with the terms and conditions of the Bank's Pre-Authorized Electronic Assessment Payment Agreement & Disclosure Statement receipt which I hereby acknowledge. This authority is to remain in full force and effect until Pride Community Management, Inc. has received written notification from me (or either of us) of its termination in such manner as to afford Pride Community Management, Inc. and Alliance Bank a reasonable opportunity to act on it.

Signed	Date	Signed	Date
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Daytime Phone	Daytime Phone
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*******Please Attach a Voided Check*******

(For Office Use Only)

Effective Entry Date: _____ Payment Amount _____