



2016

**Golden Rain Foundation
Seal Beach**

Sign-Up Authorization Carrying charge Direct Debit

- 1) Mutual/Apartment Number: _____
- 2) Name (Please Print): _____
- 3) Telephone Number: _____
- 4) ATTACH VOIDED CHECK HERE

5) I HEREBY AUTHORIZE my Mutual to debit my checking account each month, effective immediately, the amount equal to carrying charges, property tax assessment, and all other monthly assessments owed for the month, until I notify Golden Rain Foundation in writing to discontinue the direct debit. I understand that Golden Rain Foundation cannot process this information until my account is current with no outstanding balance.

I hereby agree to hold Golden Rain Foundation and my Mutual blameless for any errors, commission or omission that may occur during the course of this transaction

SIGNATURE

DATE

GRF Accounting input initials: _____ Accounting input _____

P.O. Box 2069 Seal Beach, CA

562-431-6586 Fax-714-851-1252