



**Golden Rain Foundation
Seal Beach**

2023

Discontinue Authorization Carrying Charge Direct Debit

- 1) Mutual/Apartment No: _____
- 2) Name (Please Print): _____
- 3) Telephone Number: _____
- 4) I hereby revoke my prior authorization to Golden Rain Foundation of the debit to my checking/savings account each month, effective immediately. I understand that my carrying charges, property tax assessment and all other monthly assessments will now be paid on my own.

I hereby agree to hold Golden Rain Foundation blameless for any errors of commission or omission that my occur during the course of this transition.

Signature

Date

P.O. Box 2069 Seal Beach, CA Office: (562) 431-6586 Fax: (714) 851