

Authorization Agreement for Direct Debit Automatic Assessment Payment Service

ASSOCIATION Name _____

Unit Owner's Name: _____ Account Number: ___ - ___ - ___ - ___

Property Street Address: _____ Owner's Phone Number: (____) ____ - _____

Your mailed paper statements/coupons will stop. If you want future statements by email, please provide your email address:

Email address: _____

I agree that ACH transactions I authorize comply with all applicable laws. I hereby authorize Homeowner Association Accounting Services, hereinafter referred to as HAAS, as agent for the association named above to initiate electronic debit entries to my checking/savings account at the depository named by the routing number provided, hereinafter referred to as DEPOSITORY, to debit same such account.

This authority is granted in accordance with the terms and conditions of the HAAS's Pre-authorized Electronic Assessment Payment Agreement & Disclosure Statement, receipt of which I hereby acknowledge. This authority is to remain in full force and effect until HAAS has received notification from me of its termination in such manner as to afford HAAS a reasonable opportunity to act on it.

I understand that the assessment amount may change periodically, and that such changes will be provided to HAAS by the managing agent, or by the Association Board of Directors. My signature below also authorizes future email communication if I have entered an email address for future statements above.

Signed: _____ Date: _____

ATTACH A VOIDED CHECK FOR THE ACCOUNT THAT IS TO BE DEBITED. If this is a Savings account check, please write "SAVINGS" on the check.

Pre-Authorized Electronic Assessment Payment Service Agreement & Disclosure

Pre-authorized charges to your account will be processed, where due, for the amount of your association account balance. Funds will be transferred between the 8th and 12th day of the month. Payments so collected will be deposited to the checking account of your **ASSOCIATION**. There may be changes to the assessment amounts and/or due dates in accordance with the ASSOCIATION'S governing documents and applicable statutes including notification requirements of the ACH (Automated Clearing House) rules. **HAAS** assumes no responsibility to pre-notify or otherwise communicate to subscribers to the Automatic Assessment Payment Service, assessment changes initiated by **ASSOCIATION**, its managing agent or authorized representative. **HAAS** reserves the right to make changes in this agreement at any time. **HAAS** can cancel Automatic Assessment Payments at any time without cause and you can terminate this agreement at any time by giving sufficient notice to **HAAS**. Please make a copy of this agreement to retain for your records.

Mail, Fax or Email this completed Authorization form to HOA Accounting Services, 3100 Clayton Road, Concord, CA 94519, service@hoa-accounting.com, or 888 857-3999 (fax).

Authorization must be received by the 15th of the current month for automatic payment processing of the following month's payment.

PLEASE DO NOT MAIL THIS FORM WITH YOUR PAYMENT