

**Authorization Agreement for Direct Debit Automatic Assessment Payment Service**

*(Please print the information requested)*

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 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**

**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 5<sup>th</sup> and 15<sup>th</sup> 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 Homeowner Association Accounting Services, 158 East 3<sup>rd</sup> Street, Pittsburg, CA 94565 OR fax to 888 857-3999 OR email to ar@hoa-accounting.com**

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

**PLEASE DO NOT MAIL THIS FORM WITH YOUR PAYMENT**