ACCESS
PROPERTY MANAGEMENT

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DIRECT PAYMENT

We are pleased to offer you the Direct Payment Plan at no cost to you!

The Direct Payment Plan will help you in several ways:

- Saves time – fewer checks to write.
- Helps meet your commitment in a convenient and timely manner – even if you're on vacation or out of town.
- No lost or misplaced statements. Your payment is always on time – it helps maintain good credit.
- Saves postage.
- Easy to sign up, easy to cancel.
- Avoid late charges.

Here's how the Direct Payment Plan works:
You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically. **The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization.** If the amount of your payment changes, we will notify you at least 10 days before the payment date. To take advantage of this service, complete the information below and return the form to us.
Note: If maintenance fees change, there is no need to give additional authorization.

All you need to do is:

1. Select the account from which your payment will be deducted: checking or savings.
2. Fill in your name, financial institution name, location and date.
3. **Attach a voided check for verification of all financial institution information.**
4. **Be sure to sign the form before returning it to *Access Property Management* at the address above.**

AUTHORIZATION FOR DIRECT PAYMENT
I authorize Access Property Management to initiate electronic debit entries to my account for payment of my:

Please check one or both: ____ Association Fees ____ Special Assessment Fees

I understand I will receive a notice if the amount changes. Payments will be debited on the first business day of the month.
I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.
This authority will remain in effect until I have cancelled it in writing.

Type of account: ○ Checking Account ○ Savings Account

Month of First Payment (form must be received by the 20th of the preceding month) _____

Your Name _____

Telephone # _____ Email: _____

Unit Address to be Credited with Payment _____

Community Association Name _____

Financial Institution Name (Please Print) _____

Account Number at Financial Institution _____

Financial Institution Routing/Transit Number _____

Alternate address if homeowner not residing at address to be credited _____

_____

Signature _____ Date _____

PLEASE KEEP A COPY OF THIS AUTHORIZATION FORM FOR YOUR RECORDS