

TOTAL

PROPERTY MANAGEMENT, INC.

Total Property Management, Inc. offers you the opportunity to make your assessment payments automatically, ensuring your Association dues are always paid on time with no chance of incurring a late fee because your payment was delayed in the mail.

If you would like to take advantage of this program, please supply us with the following information:

1. Complete the authorization form on the reverse side. **Please be sure to sign and date it.**
2. Attach to the form a voided blank check (no deposit slips will be accepted) for the account from which the payment will be made. The check will not be returned to you.
3. Return the form with the voided check to:

23792 Rockfield Blvd #100
Lake Forest, CA 92630

It may take up to six (6) weeks for the authorization to be processed through the National Banking Clearing House System. You will receive a letter of confirmation from this office about two weeks before the first automatic payment will be withdrawn. Until you receive that letter, please continue making payments.

Your association will continue to send statements.

You may cancel your authorization at any time by sending a written cancellation notice to this office at least 10 days prior to the payment date either to the address listed above, or E-mail at, billing@totalpm.com

If you have any questions regarding the ACH payment system, please call our Accounting Department at (949) 261-8282.

Cordially,

Total Property Management, Inc.

23792 Rockfield Blvd, Suite 100, Lake Forest, California 92630 / (949) 261 8282 – Fax (949) 261 6958
4020 N. 20th Street, Suite 310, Phoenix, Arizona 85016-4746 / (602) 952 5581 – Fax (602) 952 7265
(800) 660-MGMT (6468)

www.totalpm.com

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (ACH DEBITS) Total Property Management, Inc. Agent for the Association	ASSOCIATION ACCOUNT NUMBER (S):
--	---------------------------------

I (we) hereby authorize _____ (association name) hereinafter called association, to initiate debit entries to my (our) account in the financial institution named below, hereinafter called the depository, to debit the same to such account in an amount equal to my monthly/quarterly assessments (as may be determined by my association). This authorization does not require the association to initiate such debits, and I (we) expressly acknowledge that I am responsible for my payments regardless of whether the association exercises its authority to debit such account regardless of whether there are sufficient funds on deposit in such account. I expressly agree that the association's liability under this authorization agreement shall be limited exclusively to amounts which are negligently or intentionally debited by the association, and which exceeds my assessment.

THIS AUTHORITY IS TO REMAIN IN EFFECT UNTIL THE ASSOCIATION HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND MANNER AS TO AFFORD THE ASSOCIATION AND DEPOSITORY A REASONABLE OPPORTUNITY TO ACTION IT.

Print Name:		Date:
Signature:		Telephone Number:
Property Address:		
Bank Name:	Branch Name:	Bank Telephone Number:
Check One: Checking Account _____ Savings Account _____ **You must verify with your financial institution the correct ABA routing number or transit number that should be used for ACH.		
Check if you wish this to apply to your sub-association and master association (if applicable): _____		

ATTACH VOIDED CHECK HERE

SPACE BELOW FOR BUSINESS OFFICE USE ONLY

Transit Routing Number:	Account Number:
Depository Name:	Address:
Telephone:	City, State, Zip:
Processed By:	Date:
Verified By:	Date:

Customers rights and obligations with respect to such entries are governed by applicable law and the rules of the National Automated Clearing House Association ("NACHA"), as amended from time to time. Customer acknowledges that it shall be bounded by NACHA Rules and agrees not to initiate any Entry in violation of the NACHA rules or applicable federal or state law or regulation including, without limitation, Regulation E.