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AUTOMATED CLEARING HOUSE (ACH) INFORMATION

For your convenience Professional HOA Consultants, Inc. provides homeowners with the option of paying their monthly homeowners association dues automatically through Automated Clearing House (ACH).

Homeowners interested in this service must complete the attached Authorization Agreement for Preauthorized Automatic Payment form and return it to our office no later than the thirtieth (30th) of the month to ensure automatic payment for the following month. Please be sure to sign the form and attach a voided check to it.

Monthly homeowner's dues and any other balances and/or amounts will be automatically deducted from your bank account between the tenth (10th) and fifteenth (15th) of each month.

If you have any questions regarding this service please do not hesitate to contact our office.

A **VOIDED** check **MUST** accompany this request to be processed, as this is a requirement of the processing financial institution.

Authorization Agreement for Preauthorized Automatic Payment

Homeowner's Association: _____
(Herein referred to as "Company")

I (we) hereby authorize Company to initiate debit entries to my (our) checking account for payment of monthly homeowners association dues. Indicated below is my (our) bank account number to which said debit entries should be applied. I (we) understand that the total amount due on my (our) account between the 10th and 15th of each month will be debited from my (our) checking account. This amount may include any maintenance fees, costs for pool or common area keys, NSF charges or outstanding dues that may be from time to time charged to my (our) account.

Bank Account Information

Bank Name _____
City _____
Account Holder Name(s) _____
Account Holder Social Security Number(s) _____
Bank Routing Number _____
Bank Account Number _____

ACCOUNT HOLDER(S) IS (ARE) REQUIRED TO CALL THEIR FINANCIAL INSTITUTION TO VERIFY THAT ELECTRONIC DEBITS WILL USE THE SAME ACCOUNT NUMBER AND ROUTING NUMBER AS PROVIDED ON CHECK BELOW. IF THE FINANCIAL INSTITUTION USES A DIFFERENT ROUTING NUMBER FOR ELECTRONIC TRANSFERS, IT IS THE ACCOUNT HOLDER'S RESPONSIBILITY TO PROVIDE THE CORRECT INFORMATION ABOVE.

Homeowner Information

Print Name(s) _____
HOA Account Number _____
Property Address _____

This authorization is to remain in full force and effect until Company has received written notification from me (either of us) of its termination in such manner as to afford Company and my bank a reasonable opportunity to act on it.

Signed: _____ Date: _____

Signed: _____ Date: _____

Please attach a voided check here after verifying account data with financial institution.