I [we] hereby preauthorize PERFORMANCE CAM, LLC, an agent for the association named below, to initiate automatic withdrawals to my account with the financial institution named below. Automatic payments will be processed on the fifth [5th] day of each month unless the fifth of the month occurs on a weekend or holiday, then it will be processed the next business day.

Further, I agree to indemnify, save and hold harmless PERFORMANCE CAM, LLC and its affiliates for any delay in processing this automatic or non-payment of association dues to a closure in the account listed below, insufficient funds, incorrect or incomplete information supplied by me or by my financial institution, or due to an error on the part of my financial institution in transferring funds from my account. I agree and understand that a \$25.00 [TWENTY-FIVE DOLLAR] NSF fee [subject to increase without notice] will be charged to the account listed below in the event there are insufficient funds in my account.

This agreement will remain in effect until [1] PERFORMANCE CAM, LLC receives a written cancellation notice from me or my financial institution, [2] until I submit a new direct deposit form to PERFORMANCE CAM, LLC, [3] I am no longer the legal owner of the property, or [4] PERFORMANCE CAM, LLC is no longer the management agent for the association.

PERFORMANCE CAM, LLC reserves the right to cancel this agreement at anytime without cause and to make changes to this agreement. I understand there may be changes to the assessment amounts and/or due dates to be in accordance with the ASSOCIATION'S governing documents and applicable statutes including notification requirements of the ACH [AUTOMATIC CLEARING HOUSE] rules. I understand that if three [3] automatic payment transactions are declined due to insufficient funds, PERFORMANCE CAM, LLC may cancel this agreement.

	OWNER INFO	ORMATION		
	[Please prin	t clearly]		
NAME:		ACCOL	ACCOUNT NUMBER:	
ASSOCIATION NAME: RANCHO BEL AIR PR	OPERTY OWNERS ASSOCIATION			
PROPERTY ADDRESS:				
CITY: LAS VEGAS STATE: NV ZIP COL	E: 89107			
ADD_	ACCOUNT INF [Please prir CHANGE REN	nt clearly]	check one]	
NAME OF FINANCIAL INSTITUTION:				
MAILING ADDRESS:				
СІТУ:		STATE:	ZIP CODE:	
ROUTING NUMBER:		ACCOUNT NUMBER:		
	PERSONAL CHECKING	PERSONAL SAVINGS	[Please check one]	
If this agreement is received	AFTER the FIFTH [5 th] of the current m	onth, it will take effect when the	next assessment payment is due.	
AUTHORIZED SIGNATURE [PRIN	ARY]:		DATE:	
AUTHORIZED SIGNATURE [JOINT]:			DATE:	
	Send this completed form		to:	
	PERFORMAN	ICE CAM, LLC		

5135 CAMINO AL NORTE, STE# 150 NORTH LAS VEGAS, NV 89031 Would you like to have your assessment payments automatically withdrawn from you checking, savings or business checking account?

ign up for AC

What are the BENEFITS in signing up?
✓ SAVE ON POSTAGE... rates are going!!!
✓ SAVE on time... NO Check Writing
✓ Avoid Late Fee and Interest
✓ NO additional fee for Automatic Withdrawal

Signing up for Auto-Withdrawal (ACH) is quick and easy. All you need to do is complete the form on the back of this flyer and send it in with a *voided check.*

The ACH withdrawals are done between the fifth (5th) and seventh (7th) of each month. Anyone can sign up for Auto-Withdrawal, even if your assessments are paid via 'coupon'.

Should you have any questions call our office at: 502-362-0318 between 9am - 5pm Monday thru Friday