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 any time 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 INFORMATION

[Please print clearly]

NAME:_____ **ACCOUNT NUMBER:** _____

ASSOCIATION NAME: **TROPICAL VILLAS EAST HOMEOWNERS ASSOCIATION**

PROPERTY ADDRESS:_____

CITY: LAS VEGAS STATE: NV ZIP CODE:

ACCOUNT INFORMATION

[Please print clearly]

ADD ____ **CHANGE** ____ **REMOVE** _____ **[Please check one]**

NAME OF FINANCIAL INSTITUTION:_____

MAILING ADDRESS: _____

CITY: _____ **STATE:**_____ **ZIP CODE:** _____

ROUTING NUMBER: _____ **ACCOUNT NUMBER:** _____

BUSINESS CHECKING **PERSONAL CHECKING** **PERSONAL SAVINGS** **[Please check one]**

If this agreement is received AFTER the FIFTH [5th] of the current month, it will take effect when the next assessment payment is due.

AUTHORIZED SIGNATURE [PRIMARY]:_____ DATE: _____

AUTHORIZED SIGNATURE [JOINT]: _____ DATE:_____

Send this completed form and a VOIDED CHECK to:

PERFORMANCE CAM, LLC

5135 CAMINO AL NORTE, STE# 210

NORTH LAS VEGAS, NV 89031