

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 SEVENTH [7<sup>th</sup>] day of JANUARY, and January of each subsequent year unless notified otherwise.

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 \$45.00 [FORTY-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 ANY automatic payment transactions is declined due to insufficient funds, PERFORMANCE CAM, LLC will cancel this agreement.

### OWNER INFORMATION

[Please print clearly]

NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

ASSOCIATION NAME: ELDORADO NEIGHBORHOOD FIRST HOA

PROPERTY ADDRESS: \_\_\_\_\_

CITY: NORTH LAS VEGAS STATE: NV ZIP CODE: 89031

### 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 NOT received by the FIFTH [5<sup>th</sup>] of December, it will NOT take effect when the 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# 100

NORTH LAS VEGAS, NV 89031

702.362.0318 FAX 702.331.4188 ADMIN@PERFORMANCE-CAM.COM