

*Preauthorized Electronic
Assessment Payment Service
Authorization Card (please
print)*

ASSOCIATION NAME _____

UNIT ID _____

NAME(S) LAST FIRST MI _____

NAME(S) LAST FIRST MI _____

ADDRESS _____

CITY STATE ZIP _____

DAYTIME PHONE NUMBER _____

I (we) hereby authorize Bell-Anderson & Associates hereinafter referred to as MANAGER, as agent for the association named above to initiate debit entries to my (our) checking/savings account at the depository named below, hereinafter referred to as DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME _____

This authority is granted in accordance with the terms and conditions of this Preauthorized Electronic Assessment Payment Service Agreement & Disclosure Statement receipt of which I hereby acknowledge. This authority is to remain in full force and effect until MANAGER has received written notification from me (or either of us) of its termination in such manner as to afford MANAGER a reasonable opportunity to act on it. I understand that MANAGER requires at least three (3) business days prior notice in order to cancel this authorization.

SIGNATURE (REQUIRED) _____ DATE _____

SIGNATURE (REQUIRED) _____ DATE _____

ATTACH VOIDED CHECK WITH THIS AGREEMENT AND MAIL BOTH TO: Bell-Anderson, PO Box 5640, Kent WA 98064

Authorization must be received by the 15th day of the current month for electronic payments to start the following month. Payments shall be debited on the 5th -10th DAY EACH MONTH.

PLEASE RETAIN FOR YOUR RECORDS

Preauthorized Electronic Assessment Payment & Service Agreement & Disclosure

Preauthorized debits to your account will be processed, on the due date, for the amount of your assessment payment. Payments so collected will be deposited to the checking or savings account of your association, maintained with Mutual of Omaha Bank.

Your association may direct us to make changes to the assessment amounts and/or due dates in accordance with the governing documents and applicable statutes. You will be given notification of these changes in accordance with applicable law.

You may cancel this Agreement at any time without cause by **notifying us in writing** at our company address at least three (3) business days prior to the proposed effective date of termination. You may also contact your financial institution directly.

Preauthorized Electronic Assessment Payment Services

What:

Through Community Association Banking, a division of Mutual of Omaha Bank, we offer association homeowners an opportunity to pay their association assessments using preauthorized electronic payments. Preauthorized electronic payments mean that homeowners can pay their periodic assessments automatically without writing checks, thus reducing the potential for late payments. In addition, the association is assured prompt, predictable payments to help better manage funds. This program is available to all homeowners regardless of where they bank.

How:

The preauthorized electronic assessment payment service uses the Federal Reserve System's Automated Clearing House (ACH) to facilitate electronic transfers from homeowner checking and savings accounts directly into the association's bank account. Funds are transferred on a pre-selected day of the month and appear on the homeowner's bank statement each month. Information regarding payments is reported to the association's management or bookkeeping company on the same day funds are deposited to the association's account.

Preauthorized Electronic Assessment Payment Service Agreement and Disclosure Statement

For Electronic Payment of Assessments

To Enroll:

Read, complete and sign the attached Preauthorized Electronic Assessment Payment Services Authorization card. Attach a voided check to the authorization card and mail to:

**Bell-Anderson & Associates
PO Box 5640
Kent WA 98064
253-852-8195**

There will be a \$5 set up fee added to the first month of ACH.