



Your New Solution for HOA Management

Resident Information Form

please print neatly

Association: _____ Account Number: _____

Owner's Name: _____

Owner's Telephone Number: Home: _____ Cell: _____

Owner's Email: _____

Property Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Is your unit rented? Yes No Do you have a property manager? Yes No

Tenant's Name(s): _____

Tenant's Phone Number: Home: _____ Cell: _____

Tenant's Email: _____

Property Management Company Name: _____

Property Manager: _____

Property Manager's Phone Number: Office: _____ Cell: _____

Property Manager's Email: _____

Signature: _____ Date: _____

*Please mail form to: P. O. Box 777008 Henderson, NV 89077
or email to: admin@smghoa.com*

ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

Association Name: _____ Account Number: _____

I hereby authorize Automatic Recurring Payments for my MONTHLY Assessments from my:

_____ checking account _____ savings account

In the amount of: \$ _____

Payments shall be made from:

Name on Account _____

Billing Address: _____

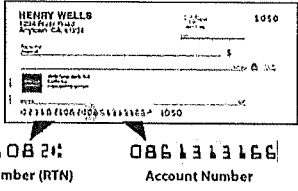
Phone: _____ Email: _____

Bank Name _____

City _____ State _____ Zip _____

Bank Account Number: _____

Bank ABA (routing) Number: _____



1: 231821082: 086133166
Bank Routing Number (RTN) Account Number

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Shelter Management Group, agent for my Association in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Shelter Management Group, agent for my Association may, at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE: _____ DATE: _____