

Preauthorized Electronic Assessment Payment Services Authorization Card (please print)

PLEASE RETAIN FOR YOUR RECORDS
Preauthorized Electronic Assessment Payment Service Agreement & Disclosure

Preauthorized Electronic Assessment Payment Services

Preauthorized Electronic Assessment Payment Service Agreement and Disclosure Statement

for Electronic Payment of HOA 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 both to:

Leisure Knoll at Manchester
1 Buckingham Drive North
Manchester, NJ 08759

What:
Leisure Knoll at Manchester, through Community Association Banc offers association homeowners an opportunity to pay their regular association assessments using automated electronic payments. Preauthorized electronic payments mean that homeowners can pay their assessments automatically without writing checks, thus eliminating 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/savings accounts directly into the association's bank account. Funds are transferred between the 5th and 10th 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.

If you have questions or need further information, please call our Management Office at:

732-657-6661

ASSOCIATION NAME _____
UNIT ID _____
NAME(S) LAST MI FIRST _____
NAME(S) LAST MI FIRST _____
ADDRESS _____
CITY ZIP STATE _____
DAYTIME PHONE NUMBER _____

I (we) hereby authorize **Leisure Knoll at Manchester** hereinafter referred to as ASSOCIATION, 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 the ASSOCIATIONS 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 ASSOCIATION has received written notification from me (or either of us) of its termination in such manner as to afford ASSOCIATION a reasonable opportunity to act on it.

SIGNATURE (REQUIRED) _____
DATE _____

SIGNATURE (REQUIRED) _____
DATE _____

ATTACH VOIDED CHECK WITH THIS AGREEMENT AND MAIL BOTH TO:

Leisure Knoll at Manchester
Authorization must be received by the 15th day of the current month for processing to start the following month.