



Alliance Association Bank[®]

A Division of Western Alliance Bank, Member FDIC

Preauthorized Electronic Assessment Service Agreement & Disclosure

Your association's bank, Alliance Association Bank, offers homeowners the ability to pay their regular assessment automatically using preauthorized automated electronic payments, eliminating the potential for late payments. This program is available to all homeowners regardless of where they bank.

If you wish to enroll using the form below, there is a **one-time \$10.00 setup fee**. The fee will be deducted from your bank account upon payment setup.

To enroll at **no charge**, create a user profile and scheduled payment at

If you have questions or need further information, please call our Homeowners Association Payment experts at: **844-739-2331**

Preauthorized charges to your account will be processed for the amount of your assessment payment. Payments will be deposited to the checking account of your Association, maintained with Alliance Association Bank. There may be changes to the assessment amounts and/or due dates in accordance with the Association's governing documents and applicable statutes including notification requirements of the ACH (Automated Clearing House) rules. Alliance Association Bank reserves the right to make changes in the terms of this agreement at any time. We may cancel Preauthorized Electronic Assessment Payments without cause and you can terminate this agreement at any time by giving sufficient written notice to Alliance Association Bank at PO Box 66955, Phoenix, Arizona 85082-6955 10 business days prior to payment processing. Terms and Conditions are available at:

<https://onlinepay.allianceassociationbank.com/Documents/OnlinePaymentsTermsAndConditions.pdf>

Authorization must be received by the 20th of the month for processing to begin or be cancelled the following month.

Funds are debited by the 5th day of the month (or the first banking day after the 5th).



Preauthorized Electronic Assessment Payment Services Agreement

Please Print - **All fields are required to enroll.** The back of this form provides guidance on how to complete the information below. Incomplete forms will result in delays or no enrollment.

**MAIL FORM AND A
VOIDED CHECK TO:**

Alliance Association Bank
PO Box 66955
Phoenix AZ 85082 – 6955

A \$10.00 fee applies for enrollment using this form.

Management Company:		Management Company ID:	
Association Name:			
Association ID:		Unit ID / Property ID:	
Last Name:		First Name:	MI:
Address:			
City:		State:	Zip:
Email Address:			
Depository Name:			
Amount ¹ : \$	Starting Month:	Frequency: <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY	

(1) A change of this amount may be authorized by your management company in the event the assessments of the association change.

I hereby authorize, Alliance Association Bank hereinafter referred to as Bank, as agent for the association named above to initiate debit entries to my checking account at the depository named above, hereinafter referred to as DEPOSITORY, to debit the same to such account until terminated by me, my Management Company or my HOA. This authority is granted in accordance with the terms and conditions of the Banks 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 Bank has received written notification of its termination 10 business days prior to the next scheduled payment date.

X

SIGNATURE

DATE

We recommend you contact your bank to verify the routing number and account number on your voided check can accept ACH debits.

The following illustration will assist you in identifying the following information in order to complete the Preauthorization Electronic Assessment Payment Services Agreement.

John Smith	Account Number 12345	Date Due Jan 1, 2018	Amount Due \$199.99
Make check payable to: HOMEOWNERS ASSOCIATION NAME ←		Payor Due After	Jan 15, 2018
Please make check payable to your Association and be sure to use the return envelopes provided.			
		 Homeowners Association c/o Management Company Name P.O. Box 000000 Las Vegas, NV 89183	

0000 000H0A 00000000000012345 SMITH00000000 19999 7
 Property Acct Number

Association ID
 Management Company ID