

PLEASE COMPLETE THIS FORM AND RETURN TO:

Associated Professional Services
PO Box 602090
San Diego CA 92160-2090

Authorization Agreement For Preauthorized Payments

Association Name: VILLA PORTOFINO HOMEOWNERS ASSOCIATION

Owner ID#:

Owner Name:

Telephone #: _____

Owner Property Address

Owner Mailing Address

Homeowner Banking Information

Name of Bank _____
State of Bank Location _____
Bank Telephone Number _____
Bank Routing Number _____
Bank Account Number _____

Current Monthly Billing Charges Will Be Debited

By signing below, I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Signature _____

Co-Signer (If Joint) _____

Date _____

The person(s) authorized to initiate or confirm payment orders are Neal Chazin - President and Renee Delcasale - Accounts Receivable Manager of Associated Professional Services. This form will be kept confidential and held at the offices of Associated Professional Services. At any time if you want to cancel this service, you must submit written authorization ten (10) days in advance before the debit will take place. Associated Professional Services has the right to cancel this agreement with a written notice to the homeowner(s). When you sell your unit you must contact our office and cancel the auto-debit.

PLEASE ATTACH A CHECK HERE FROM YOUR ACCOUNT MARKED VOID

**ASSOCIATED PROFESSIONAL SERVICES
PO BOX 602090
SAN DIEGO CA 92160-2090
(619) 299-6899
(619) 299-8242**

Dear homeowner,

We are able to offer your association the option to have your payments electronically debited from your bank account. This letter includes the instructions if you choose to sign up for this service.

Your account will be debited on the 2nd Wednesday of the month, if it falls on or before the 10th of the month, otherwise it will be debited on the 1st Wednesday. This payment schedule cannot be altered. If this payment schedule will not fit your needs, please continue to mail your payment to the address on the label in the back of your coupon book.

****Important! Please note the following requirements before your auto debit application can be processed****

- * All authorizations must be in writing.
- * Your account must be brought current upon receipt of the application.
- *All applications must be received in our office no later than the 21st of the month in order for the debit to begin the following month.
- *You will receive confirmation from our office informing you of the start date after the completed application has been reviewed.
- *Please indicate on the application if the account we are withdrawing the assessments from is a savings account.

The amount will remain the same each month, unless you are notified of any assessment increases/decreases that will affect the amount of your monthly debit. Special Assessments are normally not debited and will require your payment by mail.

We will send your bank a pre-note informing them of the monthly debit that will take place each month. This will be done prior to the first debit to your account.

If for any reason your automatic debit is returned (ie: stopped payment, non-sufficient funds, account closed) there will be a \$25.00 returned item charge added to your account, in addition to any late fees. If this should happen a second time, your account will be removed from the electronic payment system and you will have to mail in your payments monthly from that period forward.

If you are planning on selling your unit, please make sure that you cancel this authorization **10 days in advance**. By selling your unit, it does not automatically get cancelled. You are responsible for canceling your application.

This service is optional. Please continue to mail in your payment each month if you choose not to participate.

Please contact the Accounts Receivable Department at (619) 299-6899 if you have any questions.

Sincerely,

Thank you