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:

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 Allison Eis - 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