

PRE-AUTHORIZED ELECTRONIC ASSESSMENT PAYMENT SERVICE

WHAT IT IS:

City Property Management Co. offers association homeowners an opportunity to pay their regular association assessments using automated electronic payments. Pre-authorized Automatic 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 IT WORKS:

The pre-authorized assessment payment service uses the Federal Reserve System's Automated Clearing House (ACH) to facilitate electronic transfers from homeowner checking accounts directly into the association's bank account. Funds are transferred between the 5th and 10th day of each billing cycle and appear on the homeowners bank statement as such. 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.

TO ENROLL:

Read, complete, and sign the attached Pre-Authorized Assessment Payment Services Authorization card. **Attach a voided check to the authorization card and mail both to:**

**The Dobson Association, Inc.
4645 E. Cotton Gin Loop
Phoenix, AZ 85040**

Authorization must be received by the 20th of the month prior to the start date for automatic payment processing. If you have questions or need further information, please call your Home Owner Association Account Representative at: **The Dobson Association, Inc., Phone: 602-437-4777, Fax: 602-437-4770.**

-(Please detach and return this portion.)

Pre-Authorized Electronic Assessment Payment Authorization Card (please print)

The Dobson Association, Inc., Lot 240606: 1800 W. Keating Ave, Mesa, AZ, 85202

NAME *last* *first* *m.i.*

NAME *last* *first* *m.i.*

I (we) hereby authorize, hereinafter referred to as BANK, as agent for the association named above to initiate debit entries to my (our) checking account indicated below at the bank named below.

BANK NAME BRANCH ROUTING NUMBER ACCOUNT NUMBER

CITY STATE ZIP

This authority is granted in accordance with the terms and conditions of the BANK's Pre-authorized Electronic Assessment Payment Agreement & Disclosure Statement receipt of which I hereby acknowledge. This authority is to remain in full force and effect until City Property Management Co. has received written notification from me (or either of us) of its termination in such manner as to afford City Property Management Co. a reasonable opportunity to act on it.

SIGNED DATE SIGNED DATE

PHONE PHONE

(FOR OFFICE USE ONLY)

Effective Entry Date: _____ Payment Amount: _____ Reviewed By: _____