

**First Bank's Association Bank Services (Bank)** offers association unit owners an opportunity to pay their regular monthly association assessments using automated electronic payments. This means homeowners can pay their assessments automatically without writing a check.

**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 will be transferred between the 5th and 10th day of the month. Information regarding payments will be reported to the association's Management or Bookkeeping Company on the same day funds are deposited to the association's account.

**Pre-authorized automatic payments** will help homeowner's eliminate late payments and the need to write and send checks through the mail. In addition, the association is assured prompt, predictable payments to help better manage its funds. **The program is available to all homeowners regardless of where they bank within the U.S.**

If your association is already using Association Bank Services' Automated Lockbox System, Pre-authorized Automatic Assessment Payment Services are available at no additional charge to you or your association. If your association is not currently using our lockbox system, but has an operating account at First Bank, there will be a nominal fee charged to the association for ACH processing and reporting.

To Enroll in Association Bank Service's Pre-authorized Assessment Payment Service for homeowner association assessments, just follow the easy steps outlined below:

- 1. Read, complete, and sign the Authorization form.**
- 2. Attach a voided check where indicated on the form.**

Authorization must be received by the 15th of the current month for automatic payment processing of the following month's payment.

If you have any questions about how to complete the authorization form, please call **(888) 350-0078, ext. 2.**

Pre-authorized charges to your account will be processed, when due, for the amount of your regular assessment payments. Payments so collected will be deposited to the checking account of your **Association**, maintained with **Bank**, and will be reported to the **Association**, its managing agent, or designated representative in a timely manner.

**Bank** is entitled to rely entirely on the information, representations, and warranties provided by the **Association**, its managing agent or authorized representative and to act thereon. Further, **Bank** may rely on representation and warranties of the **Association**, its managing agent or authorized representative that changes to assessment amounts and/or due dates are in accordance with the **Association's** governing documents and applicable statutes including notification requirements of the ACH (Automated Clearing House) rules. As agent for the **Association**, **Bank** assumes no responsibility to pre-notify or otherwise communicate to subscribers to the Automatic Assessment Payment Service, changes initiated by the **Association**, its managing agent or authorized representative.

The **Bank** reserves the right to make changes in this agreement at any time. The **Bank** can cancel automatic assessment payments at any time without cause; and, you can terminate this agreement at any time by giving sufficient notice in writing. Sale of the unit does not automatically cancel this agreement. Submit your Authorization Agreement or your termination notice to:

**First Bank Association Services**  
**Attn: Lockbox Department**  
**P. O. Box 26950**  
**Santa Ana, CA 92799-6950**  
**or call 888-350-0078 ext. 2**

**Please do not send your regular assessment payments to the address noted above.** Use the P. O. Box number that is printed on your statement or mailing envelope.

You will receive confirmation of your Automatic Assessment Payment start date via the U.S. Mail.

**Please make a copy of this agreement to retain for your records.**

#3202 05/07

Member FDIC



# Authorization Agreement For Automatic Assessment Payment

(Please print the information requested)

Association's Management Company Name: \_\_\_\_\_

Association Name: \_\_\_\_\_

Assessment Amount: \_\_\_\_\_  Monthly  Quarterly  Annual \_\_\_\_\_

Unit Owner's Name: \_\_\_\_\_ Unit Account Number: \_\_\_\_\_

Unit Owner's Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Unit Owner's Phone Number: ( ) \_\_\_\_\_

I (we) hereby authorize First Bank, hereinafter referred to as **BANK**, as agent for the association named above to initiate electronic debit entries to my (our) checking account at the depository named on the attached check, hereinafter referred to as **DEPOSITORY**, to debit same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

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. (Payment Agreement and Disclosure statement are printed on the back of this form). This authority is to remain in full force and effect until **BANK** has received written notification from me (or either of us) of its termination in such manner as to afford **BANK** a reasonable opportunity to act on it. Sale of the unit does **NOT** automatically cancel this agreement.

I (we) understand that the assessment amount may change periodically, and that such changes will be provided to First Bank by me or the association (or associations managing agent or its successor) named above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Attach Voided Check Here**  
(no deposit slips)

FOR BANK USE ONLY

Date Received \_\_\_\_\_ Effective Date: \_\_\_\_\_ Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

