

Preauthorized Electronic Assessment Payment Services Authorization Form

To join this program, return this form via mail to Level Community Management, 8966 Spanish Ridge Ave. Suite 100 Las Vegas, NV 89148, with your voided check or savings deposit slip.

Ave. Suite 100 Las Vegas, NV 89148	3, with your voided check or sa	vings deposit slip.
Homeowner Information		
Association:		
Name (as shown on your deed):		
Account Number:		
Property Address:Street/Unit#	City/State	Zip Code
Mailing Address (if Different):		
Home Number: ()	Cell Number: ()	
Email Address:		
Financial Institution Information		
Places Dakit My (places shoots one).		
Please Debit My (please check one):		
Checking Account (attach a voided check)		
Savings Account (attach a savings deposit s	lip)	
Name (as shown on bank account):		
Bank Routing Number:		
Bank Account Number:		
I (we) hereby authorize Level Community Manag the association named above to initiate debit entries below, hereinafter referred to as DEPOSITORY.		
DEPOSITORY NAME (Name of your banking institution)	itution)	
This authority is granted in accordance with the ter Payment Service Agreement & Disclosure Stateme remain in full force and effect until MANAGEMEN' termination in such manner as to afford MANAGE MANAGEMENT requires at least three (3) business	ent receipt of which I hereby ackr T has received written notification EMENT a reasonable opportunity	nowledge. This authority is to from me (or either of us) of its to act on it. I understand that
SIGNATURE (REQUIRED)	SIGNATURE (REQUIRE	ED)



PLEASE NOTE: Authorizations will be processed within 15 days of receipt. Please make arrangements to ensure your next month's payment is made on the date due. Once this application is processed, payments shall be debited on the **first day of each month in which a payment is due.**

PLEASE RETAIN A COPY OF THIS AGREEMENT FOR YOUR RECORDS

Preauthorized Electronic Assessment Payment Service Agreement & Disclosure

Preauthorized debits to your account will be processed, on the due date, for the amount of your assessment payment. Payments so collected will be deposited to the checking or savings account of your association, maintained with Alliance Association Bank.

Your association may direct MANAGEMENT to make changes to the assessment amounts and/or due dates in accordance with the governing documents and applicable statutes. You will be given notification of these changes in accordance with applicable law.

You may cancel this Agreement at any time without cause by notifying MANAGEMENT in writing at our company address at least three (3) business days prior to the proposed effective date of termination. You may also contact your financial institution directly.

SUMMARY OF SERVICES

What:

Through Alliance Association Bank, we offer association homeowners an opportunity to pay their association assessments using preauthorized electronic payments. Preauthorized electronic payments mean that homeowners can pay their periodic assessments automatically without writing checks, thus reducing the potential for late or lost 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 in the United States they bank.

How:

The preauthorized electronic assessment payment service uses the Federal Reserve System's Automated Clearing House (ACH) to facilitate electronic transfers from homeowner checking and savings accounts directly into the association's bank account. Funds are transferred on a pre-selected day of the month and appear on the homeowner's bank statement each month. 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.

Please contact Level Community Management with any questions on this agreement. Thank you for helping to ensure the financial stability of your homeowners association.