

HOA PARTNERS

HOA PARTNERS offers you the opportunity to make your assessment payments automatically, ensuring your Association dues are always paid on time with no chance of incurring a late fee because your payment was delayed in the mail.

If you would like to take advantage of this program, please supply us with the following information:

1. Complete the authorization form. **Please be sure to sign and date it.**
2. Attach to the form a voided check (no deposit slips will be accepted) for the account which the payment will be made. The check will not be returned to you.
3. Return the form with the voided check to:

HOA Partners
12598 Central Avenue | Suite 114
Chino, CA 91710-3500

It may take up to ten (10) days for the authorization to be processed through the office. You will receive a letter of confirmation from this office about two weeks before the first automatic payment will be withdrawn. Until you receive that letter, please continue making payments.

Your association will continue to send statements.

You may cancel your authorization at any time by sending a written cancellation notice to this office at least 10 days prior to the payment date either to the address listed above, or E-mail at billing@hoa-partners.com.

If you have any questions regarding the ACH payment system, please call our Accounting Department at (909) 545-6940.

Cordially,

HOA Partners

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12598 Central Avenue | Suite 114 • Chino, CA 91710-3500 • (909) 545-6940 • (909) 575-6693 Fax

HOMEOWNER AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Please return this form and avoided check by the 1st of the month to be debited for that month. Assessments are automatically debited on or about the 5th of each month.

Association: _____

Homeowner Name: _____

I (We) hereby authorize _____ hereinafter called Association, to initiate debit entries to my (our) ___ Checking Account / ___ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (We) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of U.S. Law.

Name as it appears on the bank account: _____
Monthly Debit Limit: \$ _____

Initial here if you agree to have any current outstanding balance processed for payment on your first ACH withdrawal. ***Please note, account cannot be enrolled in the ACH program with an outstanding balance.**

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

**ACH/Routing Number _____ Account Number: _____
(* Please verify with your bank for proper #s)

This authorization is to remain in full force until ASSOCIATION/COMPANY has received written notification from me (either of us) of its termination in such time and in such manner as to afford ASSOCIATION/COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____

Property Street Address: _____ Homeowner Account #: _____

Email Address: _____

(Confirmation for enrollment will be emailed to you)

Date: ____/____/____ Signature: _____

NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

***Please provide a voided check with your account number.**

** You must verify with your financial institution for the correct ABA routing/transit number that should be used for ACH Debits

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