

Dear Homeowner:

Attached you will find the ACH form that you have requested.

ACH is processed on or around the 10th based on your associations billing cycle. Your account must be in a current status to be eligible.

Should the 10th fall on a weekend or holiday, your ACH will be processed the next business day. Non-recurring amounts, such as late charges, fines, and all other charges etc., charged to your account **will not** be drafted and must be paid by check. The amount of your ACH will increase or decrease based on the association's assessment changes. You will continue to receive statements; this will keep you updated on your account status. All other **frequencies** of special assessments **will not** be drafted and must be paid by check.

If you have a special assessment that is billed **monthly**, this amount **will be** included in your ACH monthly amount.

A **voided check** must be stapled to the enrollment form and must be received by no later than the 25th of the month so that your account will be set up for ACH on the 10th of the following month. A letter is sent confirming your set up draft month. Please continue to make payments by check until you have received your confirmation letter. All enrollment forms received after the 25th will be delayed an additional month.

Requests to change bank information or to discontinue ACH must be received in writing, by the last day of the month. A draft dishonored by your bank will add additional charges to your account. If a draft is dishonored more than once, you will be automatically canceled from the ACH option. Requests to be reinstated will be subject to an additional set up fee of \$5.00.

Please fill in the highlighted areas and return the enrollment form to:

Seabreeze Management Company Inc.
Attention: Billing Department
39 Argonaut, Ste. 100
Aliso Viejo, CA 92656

Sincerely,

Billing Representative

HOMEOWNER AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Association

Name: _____

I (We) hereby authorize _____, Hereinafter called ASSOCIATION, to initiate debit entries to my (our) Checking Account 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 transactions to my (our) account must comply with the provisions of the U.S. law.

*Depository

Name: _____

*Monthly

Debit Amount: \$ _____

*ACH/Routing

Number: _____

*Account

Number: _____

(Please verify with your bank for proper number)

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of it's termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

*Your Association

*Name: _____

Account Number: _____

*Property

Address: _____

*Email Address: _____

*Phone: _____

*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 PHOTOCOPY OF A CHECK OR A VOIDED CHECK WITH YOUR ACCOUNT NUMBER.