

ACCESS PROPERTY MANAGEMENT

4 Walter E. Foran Boulevard, Suite 311, Flemington, NJ 08822

908-237-9900/fax 908-237-1826

DIRECT PAYMENT

We are pleased to offer you a new service – the Direct Payment Plan. Now you can have your maintenance payment deducted automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

- It saves time – fewer checks to write.
- Helps meet your commitment in a convenient and timely manner – even if you're on vacation or out of town.
- No lost or misplaced statements, your payment is always on time – it helps maintain good credit.
- It saves postage.
- It's easy to sign up for, easy to cancel.
- No late charges.

Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically and proof of payment will appear on your statement. **The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization.** If the amount of your payment changes, we will notify you at least 10 days before payment date. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us. Note: If maintenance fees change, there is no need to give additional authorization.

All you need to do is:

1. Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in your name, financial institution name and location and date.
3. Attach a voided check for verification of all financial institution information.
4. **NOTE: Be sure to sign the form before mailing it back to Access Property Management at the above address.**

AUTHORIZATION FOR DIRECT PAYMENT

I authorize Access Property Management to initiate electronic debit entries to my account for payment of my **(please check one or both):**

Association maintenance fees
 Special Assessment fees

I understand I will receive a notice if the amount changes. Payments will be deducted after the first business day of the month but prior to my association's late date. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date _____ Type of account: Checking Account Savings Account

Month of First Payment (form must be received by the 20th of the preceding month): _____

Your Name & Telephone # _____

Unit address to be credited with payment: _____

Community Association Name _____

Financial Institution Name (Please Print) _____

Account Number at Financial Institution _____

Financial Institution Routing/Transit Number _____

Financial Institution City and state _____

Alternate Address if homeowner not residing at address to be credited _____

Signature _____

PLEASE KEEP A COPY OF THE AUTHORIZATION FORM FOR YOUR RECORDS

You will receive a postcard confirmation of our receipt of this information.