



Professional Community Management offers you the opportunity to make your assessment payments automatically. This can be done by providing our office with written authorization to transfer funds from your checking or savings account on the fifth day of each month.

Your payments will be made without fail and with no chance that you will incur a late fee because your payment was delayed in the mail. Busy schedule? On vacation? Your assessment is always paid on time. If you would like to take advantage of this program, please supply us with the following information:

1. Complete the enclosed authorization form. **Please be sure to sign and date the form.**
2. Attach, to the form, a voided blank check (no deposit slips, please) for the account from which the payment will be made. The check will not be returned to you. If funds will be taken from a savings account, take the form to your bank and ask them to complete the bottom portion of the authorization form and check the box that indicates savings account.
3. Return the form and the voided check to:

Professional Community Management
23726 Birtcher Drive
Lake Forest CA 92630

IT TAKES ABOUT 6 WEEKS FOR THE AUTHORIZATION TO BE PROCESSED THROUGH THE NATIONAL BANKING CLEARING HOUSE SYSTEM. YOU WILL RECEIVE A LETTER OF CONFIRMATION FROM THIS OFFICE ABOUT TWO WEEKS BEFORE THE FIRST AUTOMATIC PAYMENT WILL BE MADE. 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 below, or by e-mail to billing@pcminternet.com.

If you have any questions about this payment system, please call our office at (949) 465-2214 or (800) 369-7260 and speak with an accounting services representative.

Sincerely,

Accounts Receivable Department
Professional Community Management of California, Inc.

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (ACH DEBITS)

Professional Community Management of California, Inc. Agent For Association

ASSOCIATION ACCOUNT NUMBER (S):

I hereby authorize _____ (association name) hereinafter called association, to initiate debit entries to my account in the financial institution named below, hereinafter called the depository, to debit the same to such account in an amount equal to assessments (as may be determined by my association). This authorization does not require the association to initiate such debits, and I expressly acknowledge that I am responsible for my payments regardless of whether the association exercises its authority to debit such account and regardless of whether there are sufficient funds on deposit in such account. I expressly agree that the association's liability under this authorization agreement shall be limited exclusively to amounts which are negligently or intentionally debited by the association, and which exceeds my assessment.

THIS AUTHORITY IS TO REMAIN IN EFFECT UNTIL THE ASSOCIATION HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND MANNER AS TO AFFORD THE ASSOCIATION AND DEPOSITORY A REASONABLE OPPORTUNITY TO ACT ON IT.

Print Name:		Date:
Signature:		Telephone Number:
Property Address:		
Bank Name:	Branch Name:	Bank Telephone Number:
Check One Box: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		
<input type="checkbox"/> Check here if you wish to use this service for both your master and sub associations (if applicable).		



ATTACH VOIDED CHECK HERE



SPACE BELOW FOR BUSINESS OFFICE USE ONLY

Transit Routing Number:	Account Number:
Depository Name:	Address:
Telephone:	City, State, Zip:
Processed By:	Date:
Verified By:	Date: