



Preauthorized Electronic Assessment Payment Service Agreement

To Enroll: Please complete and sign the authorization form below. Attach a voided check to this form and mail both items to:

**Community Management & Sales
3095 East Russell Road, Suite D
Las Vegas, NV 89120
702-855-0455**

Preauthorized Electronic Assessment Payment Services Authorization Form

Association Name: _____

Property Address: _____

Name(s): (Last) _____ (First) _____

Name(s): (Last) _____ (First) _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

I (we) hereby authorize Community Management & Sales, hereinafter referred to as Management, as agent for the association named above to initiate debit entries to my (our) checking/savings account at the depository named below, to debit the same to such account.

Depository Name: _____

This authority is to remain in full force and effect until Management has received written notification from me (or either one of us) of its termination in such manner as to afford Management a reasonable opportunity to act on it.

Signature: _____ Date: _____

Signature: _____ Date: _____

ATTACH VOIDED CHECK WITH THIS AGREEMENT AND MAIL BOTH TO:

****Please note: Authorization must be received by the specified late day of the current month for processing is to start the following month between the 5th and 10th.****

6/1/2017