

Preauthorized Electronic Maintenance Fee Payment Service Agreement and Disclosure Statement

For Recurring Electronic Payment of Monthly Maintenance Fee to Parklane Towers, INC

To Enroll:

Read, complete and sign the attached Preauthorized Electronic Maintenance Fees Payment Services Authorization card. Attach a voided check to the authorization card and mail to:

HOA Management Services 1900 E. Douglas Ste. 100 Wichita, KS 67214 316-351-7650

Preauthorized Electronic Maintenance Fee Payment Services

What:

Through Community Association Banking, a division of CIT Bank, we offer Parklane Towers, INC owners an opportunity to pay their monthly maintenance and other fees using preauthorized electronic payments. Preauthorized electronic payments mean that homeowners can pay their monthly maintenance fee automatically without writing checks, thus reducing the potential for late payments. In addition, Parklane Towers, INC is assured prompt, predictable payments to help better manage funds. This program is available to all owners regardless of where they bank.

How:

The preauthorized electronic maintenance fee payment service uses the Federal Reserve System's Automated Clearing House (ACH) to facilitate electronic transfers from homeowner checking and savings accounts directly into Parklane Towers, INC bank account. Funds are transferred on a pre-selected day of the month and appear on the homeowner's bank statement each month. Information regarding payments is reported to Parklane Towers management or bookkeeping company on the same day funds are deposited to Parklane Towers bank account.

ATTACH VOIDED CHECK WITH THIS AGREEMENT AND MAIL BOTH TO:

HOA Management Services: 1900 E. Douglas Ste. 100, Wichita, KS 67214

Authorization must be received by the 20th day of the current month for electronic payments to start the following month. Payments shall be debited on the 1st **BUSINESS DAY EACH MONTH.**

PLEASE RETAIN COPY FOR YOUR RECORDS

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. For inquiries, please call 316-351-7650

Preauthorized Electronic Mantenance Fee Payment Service Authorization Card (please print) <u>ALL FIELDS REQUIRED TO BE FILLED OUT COMPLETELY</u>

PARKLANE TOWERS, INC	
ASSOCIATION NAME	
UNIT ADDRESS	
NAME(S) LAST FIRST MI	
MAILING ADDRESS	
CITY STATE ZIP	
DAYTIME PHONE NUMBER	EMAIL ADDRESS
	vices, as agent for Parklane Towers, INC named above ay following the due date of the assessment to my me of bank) named below,
(plea	ase enter month requested ACH to begin)
Name of David	
Name of Bank	
Service Agreement & Disclosure Statement receipt of wand effect until HOA Management has received written	nd conditions of this Preauthorized Electronic Assessment Payment which I hereby acknowledge. This authority is to remain in full force in notification from me (or either of us) of its termination in such apportunity to act on it. I understand that HOA Management requires ancel this authorization.
Services in writing of any changes in my account informathe next billing date. If the above noted periodic payment may be executed on the next business day. I understate be withdrawn from my account as soon as the above not being rejected for Non-Sufficient Funds (NSF) I understate to process the charge again within 10 days, and I agree will be initiated as a separate transaction from the automatical services.	until I cancel it in writing, and I agree to notify HOA Management mation or termination of this authorization at least 10 days prior to t dates fall on a weekend or holiday, I understand that the payment and that because this is an electronic transaction, these funds may be priodic transaction dates. In the case of an ACH Transaction and that HOA Management Services may at its discretion attempt to an additional \$30 charge for each attempt returned NSF which thorized recurring payment. I acknowledge that the origination of provisions of U.S. law. I agree not to dispute this recurring billing the terms indicated in this authorization form
SIGNATURE (REQUIRED) DATE:	

SIGNATURE (REQUIRED if JOINT ACCOUNT) DATE:

ATTACH VOIDED CHECK WITH THIS AGREEMENT AND RETURN BOTH TO: HOA Management Services 1900 E. Douglas Ste. 100 Wichita, KS 67214

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. For inquiries, please call 316-351-7650