



ACH CHANGE / CANCELLATION NOTICE

Association Name: _____

I (We) hereby request that OLYMPIA MANAGEMENT SERVICES, L.L.C., make the following modification to the debit entries of my (our) Checking Account / Savings Account at the United States depository financial institution named below.

CANCEL ELECTRONIC WITHDRAWAL

This option will discontinue all electronic payments withdrawn from your financial institution for the unit referenced below.

CHANGE ACCOUNT WITHDRAWAL INFORMATION

This option will allow payments to continue being withdrawn while changing accounts and or institutions.

U.S. Depository Institution Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Type of Account (check one):

Checking Account Savings Account

Current Monthly Debit Amount: \$ _____

Transit / Routing Number: _____ Account Number: _____

***IF CHANGING THE ACCOUNT INFORMATION, PLEASE PROVIDE A PHOTOCOPY OF A CHECK OR A VOIDED CHECK WITH YOUR ACCOUNT NUMBER. IF USING A SAVINGS ACCOUNT, PLEASE PROVIDE A LETTER FROM YOUR U.S. FINANCIAL INSTITUTION CONFIRMING YOUR BANK ROUTING AND ACCOUNT NUMBER. UNFORTUNATELY, WE CANNOT ACCEPT BLANK DEPOSIT SLIPS. WITHOUT THIS INFORMATION, YOUR APPLICATION WILL NOT BE PROCESSED.**

***PLEASE BE ADVISED THAT WE DO NOT ACCEPT ACH PAYMENTS FROM FOREIGN FINANCIAL INSTITUTIONS; WE INITIATE DEBITS FROM BANKS IN THE UNITED STATES ONLY.**

Any payments returned by my U.S. financial institution will result in returned payment fees assessed by my homeowner association. I hereby give OLYMPIA MANAGEMENT SERVICES, L.L.C. the right to cancel my ACH debits at any time should I default on this arrangement.

I have read and understand the above statement.

Printed Name(s): _____ Signature: _____

Date: _____ Account Number or Property Address: _____

Phone Number: _____ E-Mail: _____

Please mail completed form to:
Olympia Management Services, L.L.C.
11411 Southern Highlands Parkway, Suite 100, Las Vegas, NV 89141