



Olympia Management ServicesSM

AUTHORIZATION AGREEMENT FOR AUTOMATIC (ACH) PAYMENTS

Association Name: _____

I (We) hereby request that Olympia Management Services, LLC initiate debit entries to my (our) Checking Account / Savings Account at the United States depository financial institution named below, and to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name of US Bank: _____ Branch: _____

City: _____ State: _____ Zip: _____

Type of Account (select one): Checking Account Savings Account

Transit / Routing Number: _____ Account Number: _____

OPTION 1: MONTHLY WITHDRAWALS Monthly Debit Amount: \$_____

This option authorizes **monthly payments** of the association's budgeted assessment amount only. Before monthly payments can begin, any account balance due must be paid in full either by using Option 2 (below) or by submitting payment with this application.

OPTION 2: ONE-TIME WITHDRAWAL Debit Amount: \$_____

This option authorizes a **one-time automatic payment** for the amount specified. This option may be used to pay any account balance due prior to initiating monthly withdrawals as specified in Option 1 (above) or to make a one-time payment. Please be advised, this form cannot be processed unless a monetary amount is indicated above.

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.

If you selected the monthly withdrawal option above, please do not discontinue making manual or Lockbox payments until you receive a confirmation letter that your ACH debits have been initiated.

This authorization is to remain in full force and effect until written notification from me (or either of us) has been received, in such time and such manner as to afford Olympia Management Services LLC., and my US financial institution a reasonable opportunity to act upon it. 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, LLC 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, LLC 11411 Southern Highlands Parkway, Suite 100, Las Vegas, NV 89141