



# CORNERSTONE

COMMUNITY ASSOCIATION MANAGEMENT, INC.

### Preauthorized Electronic Assessment Payment Services Authorization Card

Association Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Last, First M. or Name of Company or Trust

Co Owner Name: \_\_\_\_\_

Last, First M. or Name of Company Owner or Trustee

Co Owner Name: \_\_\_\_\_

Last, First M. or Name of Company Owner or Trustee

Home Phone #: \_\_\_\_\_ Work/Mobile#: \_\_\_\_\_

I (we) hereby authorize Cornerstone Community Association Management, Inc., hereinafter referred to as MANAGER, as agent for the Association named above to initiate debit entries to my (our) checking/savings account at the banking institution/depository named below, hereinafter referred to as DEPOSITORY, to debit the same to such account for (please select one):

- Account Balance     Assessment     Annual Prepayment     Payment Plan

This authority is granted in accordance with the terms and conditions of the MANAGERS Preauthorized Electronic Assessment Payment Service Agreement & Disclosure Statement receipt of which I hereby acknowledge. This authority is to remain in full force and effect until MANAGER has received written notification from me (or either of us) of its termination in such mean as to afford MANAGER a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature Required

\_\_\_\_\_  
Date

Authorization must be received by the 15<sup>th</sup> day of the current month for processing to start the following month.

#### PLEASE RETAIN A COPY FOR YOUR RECORDS

Preauthorized Electronic Assessment Payment Service Agreement & Disclosure  
Preauthorized charges to your account will be processed, at the earliest convenience of the Manager on or after the due date or the next business day if it is a Holiday or weekend, for the amount of your regular Assessment, Payment Plan Agreement, or other amount as agreed herein plus a fee per ACH transaction if applicable (see Collection Policy Fee Schedule). If no specific indication is made above, then the balance of your account(s) will be deducted to include Assessments, fines, fees, and any other amounts due to the ASSOCIATION. Payments so collected will be deposited to the checking/savings account of your ASSOCIATION, maintained with their Depository Bank. There may be changes to the payment amounts and/or due dates in accordance with the ASSOCIATION'S governing documents or Payment Plan Agreement and applicable statutes including notification requirements of the ACH (Automated Clearing House) rules. We reserve the right to make changes in the agreement at any time. We may cancel Preauthorized Electronic Assessment Payments at any time without cause and you can terminate this agreement at any time by giving sufficient written notice or by closing the designated accounts.

**Important Notice:** Should an ACH transaction that is charged in accordance with this agreement be nullified for any reason (i.e. for Non-sufficient funds or because the transaction was canceled by the account holder), a Returned Check Fee will be charged to the owner by the Association. Also, according to ACH rules and banking regulations, we will be unable to use that specific account for any ACH transaction ever again. A new bank account number will be required if the homeowner would like to set up new ACH payments.

To Enroll: **ATTACH A VOIDED CHECK WITH THIS FORM AND MAIL TO:**

**Cornerstone Community Association Management, Inc.**

P.O. Box 93625  
Las Vegas, NV 89193-3625

P. O. Box 93625 Las Vegas, NV 89193

P: 702.435.3757 ~ F: 702.435.0745

ContactUs@CornerstoneCAM.com

HOAMangementVegas.com