



Community Association Division

Preauthorized Electronic Assessment Payment Service Agreement and Disclosure Statement

For Electronic Payment of Community Association Assessments

To Enroll:

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

WPM South, LLC
13106 SE 240th St., #200
Kent, WA 98031

Preauthorized Electronic Assessment Payment Services

What:

WPM South LLC through Community Association Banc offers association homeowners an opportunity to pay their regular association assessments using automated electronic payments. Preauthorized electronic payments mean that homeowners can pay their assessments automatically without writing checks, thus eliminating the potential for late payments. In addition, the association is assured prompt, predictable payments to help better manage funds. This program is available to all homeowners regardless of where they bank.

How:

The preauthorized electronic assessment payment service uses the Federal Reserve System's Automated Clearing House (ACH) to facilitate electronic transfers from homeowner checking account directly into the association's bank account. **Funds are transferred on the 1st day of the month** and appear on the homeowner's bank statement each month. Information regarding payments is reported to the association's management or bookkeeping company on the same day funds are deposited to the association's account.

If you have questions or need further information, please call: **(253) 638-9811**

Authorization must be received by the 25th day of the current month for processing to start the following month.

START DATE: _____

Preauthorized Electronic Assessment Payment Services Authorization Card (please print)

ASSOCIATION NAME			
UNIT ID	WPM SOUTH ACCT. #		
HOMEOWNER NAME(S) LAST	FIRST	MI	
ACCOUNT NAME(S) LAST	FIRST	MI	
ACCOUNT NAME(S) LAST	FIRST	MI	
ADDRESS			
CITY	STATE	ZIP	
DAYTIME PHONE NUMBER			

I (we) hereby authorize **WPM South LLC**, hereinafter referred to as **MANAGER**, as agent for the association named above to initiate debit entries to my (our) checking account at the depository named below, hereinafter referred to as **DEPOSITORY**, to debit the same to such account.

DEPOSITORY NAME

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 manner as to afford MANAGER a reasonable opportunity to act on it.

ALL CHANGES/ADDITIONS/TERMINATION REQUESTS MUST BE RECEIVED BY THE 25TH OF EACH MONTH TO BE EFFECTIVE FOR THE FOLLOWING MONTH.

SIGNATURE (REQUIRED) DATE

SIGNATURE (REQUIRED) DATE

ATTACH VOIDED CHECK WITH THIS AGREEMENT AND MAIL BOTH TO:
WPM South, LLC
13106 SE 240th St, #200
Kent, WA 98031