

AUTO-DRAFT PROGRAM

Managed by Optimum Professional Property Management, Inc.
230 Commerce, Suite 250, Irvine, CA 92602
Office (714) 508-9070 / Fax (714) 665-3000
"Making a Difference...TOGETHER"
www.optimumpm.com

Date: _____

Owner (Member) Name(s): _____

Name of Association: _____

Optimum Professional Property Management, Inc. and your Association are pleased to offer you the opportunity to make your assessment payments automatically at no cost to the member. This can be done by providing our office with written authorization to transfer funds from your checking or savings account.

Your payments will be made without fail and with no chance that you will incur a late fee because your payment was delayed in the mail. Your assessment is always paid on time. If you would like to take advantage of this program, please supply us with the following information or visit the Owners Portal at www.optimumpm.com to set this up yourself.

1. Complete the enclosed form. **Please be sure to sign and date the form.**
2. Attach to the form a VOIDED BLANK CHECK (no deposit slips, please) for the account from which the payment will be made. The check will not be returned to you. If funds will be taken from your savings account, please complete the bottom portion of the authorization form by providing the account number and the routing (ABA) number for the savings account you would like the funds withdrawn from.
3. Return form to:

Optimum Professional Property Management, Inc.
230 Commerce, Suite 250
Irvine, CA 92602

YOUR FORM MUST BE RECEIVED BY THE FIRST OF THE MONTH IN ORDER TO BE PROCESSED FOR THAT MONTH. PLEASE NOTE: NEW ACCOUNT SET-UP WILL NEED AUTHORIZATION FROM THE NATIONAL BANKING CLEARINGHOUSE SYSTEM. YOU WILL RECEIVE A LETTER OF CONFIRMATION FROM OPTIMUM PROFESSIONAL PROPERTY MANAGEMENT WHEN THE FIRST AUTOMATIC PAYMENT WILL BE DRAFTED.

The Association will continue to send billing statements. The billing statement will reflect that you are enrolled in the ACH/EFT payment program.

You may cancel your authorization at any time by sending a written cancellation notice to this office at least ten days prior to the payment date either to the address listed below or email us at billing@optimumpm.com.

Should you have any questions regarding this automatic payment system, please call our office at (714) 508-9070 option 1 to speak with a Member Service Representative in the billing department.

Authorization Agreement for Automatic Payments (ACH Debits) Optimum Professional Property Management, Inc. Agent for Association	Association Account Number(s):
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I hereby authorize the above Association to initiate debit entries to my account in the financial institution named below, hereinafter called the depository, to debit the same to such account in an amount equal to my assessments (as may be determined by my association) as well as all other charges billed to my account. This authorization does not require the association to initiate such debits, and I expressly acknowledge that I am responsible for my payments regardless of whether the association exercises its authority to debit such account and regardless of whether there are sufficient funds on deposit in such account. I expressly agree that the association's liability under this authorization agreement shall be limited exclusively to amounts which are negligently or intentionally debited by the association.

THIS AUTHORITY IS TO REMAIN IN EFFECT UNTIL THE ASSOCIATION HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND MANNER AS TO AFFORD THE ASSOCIATION AND DEPOSITORY OPPORTUNITY TO ACT ON IT.

Print Name:	Date:
Signature:	Telephone Number:
Property Address:	
Bank Name:	
Checking Account #:	
Saving Account #:	Routing (ABA) #:

⇒ ⇒ **ATTACH VOIDED CHECK HERE** ⇐ ⇐