

Now, Pay Your Maintenance Assessment Automatically!

IT'S SAFE, IT'S AUTOMATIC AND IT'S FREE! SIMPLY RETURN THE FORM TO THE RIGHT AND WE'LL TAKE CARE OF THE REST!

Now you can make your monthly maintenance assessment payments automatically! No more worries of sending checks through the mail and the cost of postage stamps. And, your payments will always be on time!

In cooperation with Union Bank, CMS would like to introduce this optional service exclusively for Association members. You simply authorize your account to be automatically charged for the current amount of your monthly maintenance assessment. Once each month on a predetermined date, your checking account will be charged electronically through the Automated Clearinghouse (ACH) Process and the Association's checking account will receive credit in the amount of your monthly maintenance assessment.

To sign up for this easy payment program, please complete, detach and mail the authorization form located on the right-hand side of this brochure. Please include a voided check from the account you wish to have the funds withdrawn from. It's that easy!

If you should have any questions regarding this exciting new program, please contact our office at (909) 399-3103 and ask for the Accounting Department.

FREQUENTLY ASKED QUESTIONS

What is Automated Clearing House?

Automated Clearing House (ACH) is an Electronic Fund Transfer (EFT) process which allows you to make your monthly maintenance assessment payments without the necessity of writing a check. You simply authorize your checking account to be automatically charged for the current amount of your monthly maintenance assessment.

- 1. AM I REQUIRED TO USE ACH?**
No, this is an optional form of payment.
- 2. HOW DO I SIGN UP FOR ACH?**
Signing up for ACH is as simple as filling out the 'ELECTRONIC FUND TRANSFER (EFT) AUTHORIZATION FORM' and submitting it to our office, along with a voided check (deposit slips will not be accepted). Automatic Transfer Authorization Forms must be received in our office by the 20th of the month in order to be eligible for fund transfer the following month.
- 3. WHEN WILL THE FUNDS BE WITHDRAWN FROM MY ACCOUNT?**
All payments made through ACH will be withdrawn from your checking account on or about the fifth banking day of each month.
- 4. WILL I CONTINUE TO RECEIVE A MONTHLY STATEMENT?**
Yes. This statement will reflect your ACH payment. Should you have any questions regarding your statement please contact our office.
- 5. WILL ACH INCLUDE THE PAYMENT OF SPECIAL ASSESSMENTS?**
This service is available to your association to work either way. In the event of a Special Assessment, you will be advised if the Special Assessment will be deducted or if a separate payment will need to be issued.
- 6. WHAT HAPPENS WHEN THE REGULAR MONTHLY ASSESSMENT FEE CHANGES?**
Nothing. The new fee will automatically be deducted.
- 7. WHAT HAPPENS IF I CHANGE BANKS?**
You would need to submit a new Automatic Transfer Authorization Form and a voided check from the new account by the 20th of the month. Contact our office for a new form.
- 8. HOW DO I STOP MY ACH PAYMENT?**
You must submit a letter to our office by the 15th of the month indicating your desire to discontinue the ACH method of payment. Be sure to include your name, property address and Association account number on your written request. No verbal requests will be acted on.

Please tear off at dotted line

AUTHORIZATION FOR CLEARPAY® SERVICE - Association Establish NEW ACH CHANGE Existing ACH

I (we) authorize _____, or its designated agent, hereafter called "COMPANY", to initiate debit entries to my (our) checking account indicated below with the depository institution named below, hereinafter called "DEPOSITORY".

DEPOSITORY NAME		BRANCH NAME	
STREET ADDRESS	CITY	STATE	ZIP CODE
TRANSIT ROUTING/ABA NUMBER		ACCOUNT NUMBER	

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

CUSTOMER NAME		CUSTOMER NAME (If Joint Account)	
SIGNATURE	DATE	SIGNATURE (If Joint Account)	DATE
X		X	

YOU MUST ATTACH A VOIDED CHECK AND MAIL THIS FORM TO: CMS, P.O. BOX 5022, UPLAND, CA 91785-5022