



Authorization Agreement for Direct Payments (ACH Debits)

You may also login to our owner portal at my.managementtrust.com to
setup ACH payments on your account.

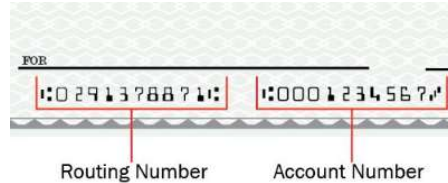
Only if you are unable to access a computer and would prefer to complete and return this form to The Management Trust, please review and fill-in the information below and return along with a voided check in order to expedite your authorization. It may take up to 2 weeks to process your request. Please continue to mail in your payments until you receive your confirmation letter stating your Automatic Payment start date.

Homeowner Information

Association Name: _____ Association Account #: _____
 Name(s) as shown on Deed: _____
 Property Address: _____
 Mailing Address: _____
 Home Phone: (____) _____ -- _____ Cell Phone: (____) _____ -- _____
 Email Address: _____

Financial Institution Information

Please Debit my Checking Account:
 Name (as shown on checking account): _____
 Bank Name: _____
 9-digit Routing Number: _____
 Bank Account Number: _____



Acknowledgement

Please read this disclosure carefully before signing below. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify The Management Trust in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that my account **must be current to initiate this program and any current amount owed will be debited from my account prior to the first scheduled payment.** I understand that I will receive notice of assessment changes communicated with the Association’s Annual Budget notice and the amount debited from my account may automatically change in accordance with the approved budget. For ACH debits to my checking account, I understand that because these are electronic transactions, these funds may be withdrawn from my account anytime between the 4th and 12th day of each month my assessments are due. I understand that up to a \$35 fee may be charged to my account for any insufficient funds and that I can be excluded from this program in the event funds are not available in my account for payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

Signature _____ Date: _____

Submission

You may return the completed form and check copy by:
Electronic: Set up your payment method directly on our portal!
Email: HQCentralizedBilling@managementtrust.com
Mail: The Management Trust
 Attention: Centralized Billing Department
 5 Peters Canyon Rd, Suite 200, Irvine, CA 92606

You may also enroll in ACH online by visiting our Homeowner Portal at my.managementtrust.com . Select the Payments page and click the Auto Draft “Enroll” button.

Additional Questions?: Please call 714.285.2626 Ext. 5120