



Tritz Professional Management Services, Inc.
1525 E. 17th Street, Suite A, Santa Ana, CA 92705

Authorization Agreement for Automatic Payment

ASSOCIATION NAME:	ASSOCIATION ACCOUNT NUMBER:
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I hereby authorize TPMS, INC to initiate debit entries to my account in the financial institution named below and to debit the same in an amount equal to my monthly assessments (as may be determined by my association). I will pay by separate check any one-time or irregular charges, as they will not be auto debited. 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 regardless of whether there are sufficient funds in such account. **My personal account will be charged anytime between the 10th and 14th of every month. ALL STATEMENTS ARE SENT AS A COURTESY.** 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, and which exceed my assessment.

THIS AUTHORITY IS TO REMAIN IN EFFECT UNTIL THE ASSOCIATION HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION. THE TERMINATION NOTICE MUST BE RECEIVED IN OUR OFFICE BY THE 1ST OF THE MONTH IN ORDER FOR IT TO TAKE EFFECT BY THE 1ST OF THE FOLLOWING MONTH.

Signature:	Date:
Print Name:	Phone Number:
Property Address:	E-mail:

ATTACH VOIDED CHECK HERE

If the Association ACH Payment Authorization form is received after the 1st day of the current month, the automatic payment will not take effect until the following month. Therefore, the homeowner must make the current payment to avoid a late fee. Also, your account must be current with a zero balance for the auto debit to be set up.

- Please check this box if you would like to receive all future monthly association assessment statements via e-mail. Please understand that if you check this box, you will not be receiving a copy via regular US Mail.**

The asterisk (*) sign next to your name and the AUTO DEBIT ACTIVE sign on the top right corner of your billing statement indicates that your account is on Autopay.