

**Preauthorized Electronic  
Assessment Payment Services  
Authorization Card  
(please print)**

**WHOA**

ASSOCIATION NAME

UNIT ID (ACCOUNT NUMBER)

NAME(S) LAST FIRST MI

N A M E ( S ) L A S T FIRST MI

ADDRESS

C I T Y STATE ZIP

DAYTIME PHONE NUMBER

I(we) hereby authorize LOUDOUN MANAGEMENT ASSOCIATES, INC., hereinafter referred to as MANAGER, as agent for the ASSOCIATION named above to initiate debit entries to my(our) checking/ savings 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 MANAGER'S 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.

S I G N A T U R E ( R E Q U I R E D ) DATE

S I G N A T U R E ( R E Q U I R E D ) DATE

**Preauthorized Electronic  
Assessment Payment**

**Service Agreement &  
Disclosure**

Preauthorized charges to your account will be processed, when due, for the amount of your regular assessment payment. Payments so collected will be deposited to the checking/ savings account of your ASSOCIATION, maintained with Community Association Banc.

There may be changes to the assessment amounts and/or due dates in accordance with the ASSOCIATION'S governing documents and applicable statutes including notification requirements of the ACH (Automated Clearing House) rules.

We reserve the right to make changes in the agreement at any time. We may cancel Preauthorized Electronic Assessment Payments at any time without cause and you can terminate this agreement at any time by giving sufficient written notice or by closing the designated accounts.

**PLEASE RETAIN A COPY OF  
THIS FORM FOR YOUR  
RECORDS**

**\*\*\* ENROLLMENT \*\*\***

**To Enroll:**

Read, complete and sign the Preauthorized Electronic Assessment Payment Services

Authorization card (i.e., this form). Attach a **voided check** to the authorization card and mail both to:

**WHOA  
c/o LMA, Inc.  
P. O. Box 2070  
Purcellville VA 20134-2070**

**Preauthorized Electronic  
Assessment Payment  
Services**

**What:**

Loudoun Management Associates, Inc. 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/savings accounts directly into the

association's bank account. Funds are transferred by the **10<sup>th</sup>** 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 our Homeowners Association experts at:

(Office) 540-751-1888  
(Fax) 540-751-1899  
(Email) [whoa@lmainc.com](mailto:whoa@lmainc.com)

**ATTACH VOIDED CHECK WITH  
THIS AGREEMENT AND MAIL  
BOTH TO:**

**WHOA  
c/o LMA, Inc.  
P. O. Box 2070  
Purcellville VA 20134-2070**

**Which month would you like  
to start your ACH?**