

Automatic Payment Agreement

Authorization Agreement

I (we) hereby preauthorize Nicklin Community Management Services, LLC, an agent for the association name below, to initiate automatic withdrawals to my account with the financial institution named below. Automatic payments will be processed on the fifth (5th) of each month unless the fifth of the month occurs on a weekend or holiday, then it will be processed the next business day.

Further, I agree to indemnify, save and hold harmless Nicklin Community Management Services, LLC and its affiliates for any delay in processing this automatic payment or non-payment of association dues to a closure in the account listed below, insufficient funds, incorrect or incomplete information supplied by me or by my financial institution, or due to an error on the part of my financial institution in transferring funds from my account. I agree and understand that a \$10 NSF fee will be charged to the account listed below in the event there are insufficient funds in my account (subject to increase without notice).

This agreement will remain in effect until (1) Nicklin Community Management Services, LLC receives a written cancellation notice from me or my financial institution, (2) until I submit a new direct deposit form to Nicklin Community Management Services, LLC, (3) I am no longer the legal owner the property, or (4) Nicklin Community Management Services, LLC is no longer the agent for the association.

Nicklin Community Management Services, LLC reserves the right to cancel this agreement at anytime without cause and to make changes to this agreement. I understand there may be changes to the assessment amounts and/or due dates to be in accordance with the ASSOCIATION'S governing documents and applicable statutes including notification requirements of the ACH (Automatic Clearing House) rules. I understand that if three (3) automatic payment transactions are declined due to insufficient funds, Nicklin Community Management Services, LLC may cancel this agreement.

Please note that if a balance exists on the account, it must be paid in full via check, money order, or online payment before we can set your account up for ACH. Please contact accountingcoa@nicklincm.com to confirm whether a balance exists.

Client Information

(please print)

Name: _____ Account Number: _____
Association Name: _____
Property Address: _____
City, State, Zip: _____
E-mail Address: _____ Phone Number: _____

Account Information

(please print)

Add Change Remove

Name of Financial Institution: _____
Mailing Address: _____
City, State, Zip: _____
Routing Number: _____
Account Number: _____
 Business Checking Checking Savings

If this agreement is received on or before the fifteenth (15th) of the current month, it will take effect when the next assessment payment is due.

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please **attach a voided check** and return this completed form to
Nicklin Community Management Services, LLC 375 N Stephanie St #911, Henderson, NV 89014
Phone: 702-851-7660 • Fax: 702-851-7997