

Important Payment Information

5 easy ways to pay your monthly fees!

1- Enclosed you'll find the Preauthorized Electronic Assessment Payment Services Agreement and Disclosure Statement. Please read the agreement carefully. This is the preferred method of payment. The management office will manage this service. There is no charge for this form of payment.

2- Enclosed is your new payment coupon book and windowed envelopes. Just place your check and coupon in the envelope, put on a stamp and drop it in the mail box. Please allow an extra day or two for the mail to be received at the lockbox.

3&4- Go to www.cabanc.com

On the right-hand menu "Homeowners Pay Assessments".

Select either payment option "By E-Check" or "By Credit Card"

Complete the required information using the information on your payment coupon and check/credit card.

Select "submit" at the bottom of the page and your payment is complete.

5- Online banking: If you choose this method of payment you must instruct your bank to send the payment to the PO Box number and address found on the coupon. You must also include the account number on the check which can also be found at the top of the coupon.

Please consider the above method the most difficult for the lockbox and management office to process. Each bank has their own method of processing this request for the account holder. There is very little consistency from bank to bank, therefore causing many delays and mistakes in posting of these payments. These delays can often cause late fees to be charged to homeowners.

[Visit our website at www.CABanc.com](http://www.CABanc.com)

Preauthorized Electronic Assessment Payment Services Authorization Card
(please print)

ASSOCIATION NAME _____
 UNIT ID _____
 NAME(S) LAST FIRST MI
 NAME(S) LAST FIRST MI
 ADDRESS _____
 CITY STATE ZIP
 DAYTIME PHONE NUMBER _____

I (we) hereby authorize ACTIONVEST, 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 MANAGERS 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.

SIGNATURE (REQUIRED) _____ DATE _____
 SIGNATURE (REQUIRED) _____ DATE _____

ATTACH VOIDED CHECK WITH THIS AGREEMENT AND MAIL BOTH TO:

ACTIONVEST MANAGEMENT CORP.
1667 COMMONWEALTH AVENUE
BRIGHTON, MA 02135
 Authorization must be received by the 15th day of the current month for processing to start the following month.

PLEASE RETAIN FOR YOUR RECORDS

Preauthorized Electronic Assessment Payment Services

What:
ACTIONVEST MANAGEMENT CORP., 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 between the 5th and 10th day 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:
617-783-8888, EXT. 225
BERNIE.MCDONALD@ACTIONVEST.COM

Preauthorized Electronic Assessment Payment Service Agreement and Disclosure Statement

for Electronic Payment of HOA Assessments

To Enroll:
 Read, complete and sign the attached Preauthorized Electronic Assessment Payment Services Authorization card. Attach a voided check to the authorization card and mail to:

ACTIONVEST MANAGEMENT CORP.
1667 COMMONWEALTH AVENUE
BRIGHTON, MA 02135

HOA DUES PAYMENT

Authorization Agreement for e-Check Payment

This authorizes a one-time charge to your checking account.

**Please make sure all fields are complete. Incorrect information may cause a delay in processing.

**PLEASE NOTE: Once all information has been submitted, you will receive an email confirming we have received your request. A second email will be sent indicating successful completion of your payment along with a confirmation number for your records. (Additionally if your check or ACH is returned, a processing fee will be charged.)

Checking Account Information

* First Name:

* Last Name:

* Address:

* City:

* State/Province:

* Zip:

* Phone #: () -

* Email:

Property Address (if different from billing address)

(Property Address Is Not Needed For Timeshare Owners)

Address:

City:

State:

Zip:

Number 2	Account Number 1234567	Date Due OCT 1, 2007	Amount Due \$200.00
RICHARD SAMPLE Make check payable to:		IF RECEIVED After OCT 15, 2007	Pay This Amount \$210.00

3 Community Association Banc

Please Pay Promptly To Avoid Late Charges

SAMPLE ONLY



4 PROPERTY NAME
C/O MANAGEMENT COMPANY
123 MAIN STREET
YOURTOWN, USA 99999-9999

1234 000CAB 0000000001234567 000000000000 020000 6

1 **2** **5**

- * **1** Mgmt Co. ID
- * **2** Assoc. ID
- * **3** Association Name:
- * **4** Management Company:
- * **5** Association Account Number:
- * Name as it appears on check:
- * Payment Amount: US \$ *Can not exceed \$9,999.99*
- * **6** Checking Acct #:
- * Bank Name:
- * **7** Routing #:



PLEASE NOTE: Payments could take up to 5 days to be posted to your account. In order to avoid late charges by your Association, payment should be submitted 5 days prior to your due date. Authorized charges to your

checking account will be processed for the amount indicated above. Payment collected will be deposited to the checking account of your ASSOCIATION, maintained with the BANK, and will be reported to the ASSOCIATION, its managing agent or designated representative in a timely manner.

Total Checking Account Charge will be:

I hereby authorize Community Association Banc to initiate ACH entries to my checking account at the financial institution indicated above. I acknowledge that the origination of the ACH transaction to my account must comply with the provision of US law.

SUBMIT

RESET

[fields marked as (*) are required]

If you experience any difficulties submitting your request, please contact a representative of Community Association Banc at HOA@CABanc.com

[Privacy Policy](#) | [Security Statement](#)