

**Preauthorized Electronic Assessment Payment (ACH)
Service Agreement and Disclosure Statement**

To Enroll:

Read, complete and sign the attached Preauthorized Electronic Assessment Payment Services Authorization form. Attach a voided check to the authorization form and mail both to the Lundgren Management Group, 121 Captain's Row, Chelsea, MA 02150.

How It Works:

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 company on the day funds are deposited to the Association's account. **Authorization must be received by the last day of the current month for processing to start the following month.**

PLEASE RETAIN A COPY FOR YOUR RECORDS

Preauthorized charges to your account will be processed, when due, for the amount of your regular condominium fee payment. Payments so collected will be deposited to the checking/savings account of your Association. There may be changes to the assessment amounts and/or due dates in accordance with the Association governing documents and applicable statutes including notification requirements of the ACH (Automated Clearing House) rules.

We reserve the right to make changes in this 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, charges may apply for any returned ACH drafts.

Condominium Association / Building Name			
Condo Unit Owner ID/Account Number(s)		(this is not your bank account #)	
Condo Unit Owner's Name			
Condo Unit Address			
Bank Account Holder's Name (this should match the name on the check)			
Email Address for Confirmation			
Day-Time Phone Number			
I (we) hereby authorize The Lundgren Management Group, 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 bank named below to debit the same to such account.			
Your Bank's 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 of Condo Owner (Required)		Date	
Signature of Bank Account Holder (Required)		Date	

ATTACH VOIDED CHECK HERE

OR CLEARLY PRINT YOUR NAME, BANK ACCOUNT & ROUTING NUMBERS BELOW

Routing Number _____ Bank Account Number _____

Name(s) as it(they) appear(s) on the check _____

Mail Form To
The Lundgren Management Group, Inc.
 121 Captain's Row
 Chelsea, MA 02150

Questions? Call 617-887-3333

FOR OFFICE USE ONLY:				
Date Rec'd _____	Condo Fee Amt _____	Balance Owed _____	Effective Month _____	Entered By _____