

**Stephen J. Donell
Receiver**

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Via U.S. Mail

September 4, 2018

To All Owners:

**Re: Tarzana Plaza Condominiums Association
Recurring ACH Payment Authorization**

Dear Owner:

Many of you have contacted my office requesting the use of auto pay for your monthly dues to Tarzana Plaza Condominiums Association Assessments.

Enclosed for your use is a Recurring ACH Payment Authorization Form. If you decide you wish to utilize ACH payments each month, please complete the required information on the form and return it to our office either by U.S. Mail or fax at (310) 207-3483. **For security reasons, please do not email the completed form to us.**

Also, if you wish to use the ACH payment process, please authorize us to deduct your monthly assessment **no later than the 5th day of each month.**

If you should have any questions, or if you need assistance completing the form, please feel free to contact my office.

Sincerely yours,



Stephen J. Donell
Receiver

Recurring ACH Payment Authorization

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your bank statement as an "ACH Debit". You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize _____ to charge my
(Full Name) (Merchant's Name)

bank account indicated below for \$ _____ on the _____ of
(Amount \$) (day)
each _____.
(week, month, etc.)

This payment is for _____.
(Description of Goods/Services)

Billing Information

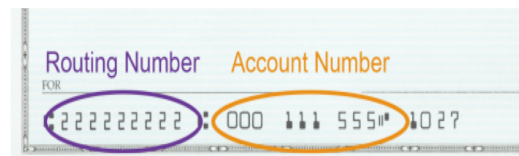
Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Bank Details

Checking Savings

Account Name _____
Bank Name _____
Account Number _____
Routing Number _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify _____ in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that _____ may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$ _____ charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____
(Account Holder's Signature)

DATE _____