



AUTO PAY APPLICATION

For full balance monthly drafts

LIEBERMAN ACCOUNT NUMBER:
(as on your coupon book or monthly statement)

Please complete this page electronically, save, and remit to autopay@LMSnet.com. If completed electronically, no voided check is needed. If the form is printed and handwritten, please include a preprinted and VOIDED check (no deposit slips) to autopay@LMSnet.com. We'll notify you of the date when your Auto Pay will commence. Attach a voided check, if required, to verify bank information and to avoid delays. Incomplete or disclosure altered applications may be returned to you unprocessed. Please continue to make your assessment payments by check to the lock box until notified.

RESIDENT INFORMATION ** INDICATES REQUIRED INFORMATION - INCOMPLETE FORMS WILL BE RETURNED.

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| ** RESIDENT NAME: <small>(Required- This should be the Unit Owner of Record as on listed on the coupon book or monthly billing statement)</small> | | |
| <input type="checkbox"/> NEW APPLICATION | <input type="checkbox"/> BANK ACCOUNT CHANGE | DAYTIME PHONE NUMBER: |
| ** Unit Street Address <small>(Required)</small> | Unit # <small>(Required if applicable)</small> | ** UNIT CITY, STATE, ZIP <small>(Required)</small> |
| OFF SITE MAILING ADDRESS: <small>(if different from unit address)</small> | | OFF SITE MAILING ADDRESS CITY, STATE, ZIP: |

FINANCIAL INSTITUTION

| | |
|---|--|
| FINANCIAL INSTITUTION NAME: | |
| ACCOUNT OWNER: | |
| BANK ROUTING NUMBER: <small>(9 digit # on the bottom left of check)</small> | CHECKING ACCOUNT NUMBER: <small>No savings accounts.</small> |

AUTO PAY AGREEMENT AND DISCLOSURE STATEMENT

Payment Notice and Billing Questions - You will be notified prior to your first payment via a letter indicating the first date of electronic transfer. All withdrawals will be done ONLY on the 5th of each month or the next business day thereafter unless you are notified differently. Please be informed, according to this agreement all charges on your account will be debited. This includes regular and any special assessments, and other charges including, but not limited to maintenance charges, late fees, utilities, parking, etc. Stop Payments - Stop payments can be issued up to three business days prior to your payment date. As with checks, you are responsible for any charges associated with the stop payment. You may be required to provide written confirmation of the stop payment to your financial institution. Please contact Lieberman Management if you have requested a stop payment.

Record of Payment - Your monthly bank statement will indicate the amount and date of your automatic transfer. Retain this record as proof of payment for future reference regarding your billing. If a question arises regarding your transfer or if the amount differs from your bill, you must notify us and your financial institution within sixty days of the date of the questioned statement. Your financial institution will advise you of rights concerning an error.

Availability of Funds - You are responsible for having enough money in the account you designated on your payment date. You are responsible for any fees associated with non-sufficient funds.

Termination - Your authorization will remain in effect unless we receive written notice from you 30 days prior to the cancellation date or until your service is terminated. Your service may be cancelled if two payments are rejected for non sufficient funds in a 12 month period. Auto Pay is also cancelled during transfer of property to a new owner, or if there is a termination of management contract between your Association and Lieberman Management Services.

Account/Address Change - In order to ensure uninterrupted payments, please submit a new application 30 days prior to changing bank accounts. You are responsible for any fees associated with non-sufficient funds and/or closed accounts.

Voided Check / Bank Information - If completing electronically, you are responsible for entering the accurate bank routing and account numbers. If completing by hand, a voided check is required to ensure accurate account / routing set up. Handwritten applications received without a voided check will not be processed and may be returned to you. Set up is limited to U.S. banks only, no foreign institutions can be set up.

Authorized Signature - By checking the box below and entering your full name in the authorized signature field, you are authorizing Lieberman Management Services, Inc. to initiate debit entries to your checking account listed on this form. You acknowledge that the origination of ACH transactions to your account must comply with the provisions of U.S. law.

By **checking this box and entering your name below**, you agree to the terms of the Auto Pay Agreement.
Incomplete Applications will be returned.

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|-----------------------|-------|
| AUTHORIZED SIGNATURE: | DATE: |
|-----------------------|-------|

PLEASE RETURN TO YOUR ONSITE PROPERTY MANAGER (IF APPLICABLE) OR E-MAIL TO: autopay@lmsnet.com

Your Association Name
c/o Lieberman Management Services, Inc.
25 Northwest Point Blvd, Ste. 330
Elk Grove Village, IL 60007
FOR LIEBERMAN MANAGEMENT SERVICES, INC. USE ONLY:

- Did you sign this form?
 Did you attach a voided check?
 Name and address complete?

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| OPEN: LMS USE ONLY | INTERNAL SET UP DATE: LMS USE ONLY |
|--------------------|------------------------------------|