



P R I M E
ASSOCIATION SERVICES

Automatic Payment Form

Authorization Agreement for Preauthorized Payments (Autopay)

☐ New Account Information ☐ Change Account Information

I hereby authorize _____ ("Association") to initiate debit entries to my Checking/Savings account ("my Account") on the 10th of each month (or the next business day if the 10th is a weekend day or legal holiday). This debit entry will be in the amount of the current assessment(s), due and payable to the above Association. On behalf of the Association, Enterprise Bank and Trust ("Bank"), will debit my Account identified below:

Homeowner's Name _____ Daytime Phone # _____

Homeowner's Address _____

Homeowner's City _____ State _____ Zip _____

Homeowner's Bank's Name _____

Homeowner's Bank Account Number # _____

Homeowner's Bank's Routing & Transit / ABA # _____

Homeowner's Assessment Amount _____

Name of Association's Management Company **PRIME ASSOCIATION SERVICES**

Homeowner's Association Account # _____

Homeowner's Email address for confirmation _____

This authority shall remain in full force and effect until the Association and/or the Bank have received written notification from me of its termination in such time and in such manner as to afford the Association and/or the Bank a reasonable opportunity to act on it. If at any time this debit is returned by your bank for any reason the Association or the Association's Management Company named above will terminate your enrollment in this program. To re-enroll a new form and request will need to be completed. I understand and agree that (a) the Assessment Amount may change periodically ("Changed Assessment Amount"); (b) either I, the Association, or the Association's Management Company named above will inform the Bank of the changed Assessment Amount; and (c) the Bank will thereafter initiate future debit entries in the Changed Assessment Amount to my Account. This form must be received prior to the 28th of the month, to become effective for the following month. Your account must be in good standing to enroll in this program.

Homeowner's Signature _____ Date _____

ATTACH HOMEOWNER'S VOIDED CHECK HERE:

PLEASE RETURN TO:

Prime Association Services
Attn: Accounts Receivable
41923 Second Street, #300
Temecula, CA 92590
Fax to: (800) 706-7858
Phone: (800) 706-7838
Email:
info@theprimeas.com
(Rev 06/25)

Voided Check