



Investors' Property Services
26020 Acero, Suite 200
Mission Viejo, CA 92691
P: (949) 900-6160
F: (949) 900-6601
www.investorshq.com

AUTO PAYMENT REGISTRATION FORM INFO

Dear Homeowner,

Thank you for your interest in signing up for our automated payment program for your homeowner's association!

Below are the steps to get the process started:

1. Complete the **Automated Payment Enrollment Form**
2. Send us the completed form **via email** or **regular mail**.

Once we receive the completed form, we will contact you to confirm receipt. We will also automatically begin sending you an electronic statement via email in lieu of a paper statement which will help to meet the goal of your association going "green"!

Email Address:

support@investors-online.com

Regular Mail Address:

Investors' Property Services
Attn: Accounting Dept
26020 Acero, Suite 200
Mission Viejo, CA 92691

If you have any questions, please feel free to contact us at 949-900-6160!

Thank you again!

-Investors' Property Services

Automatic Payment Enrollment Form

General Information

Resident Name

Property Name (if applicable)

Address including unit # (if applicable)

City

State

Zip

Payment Information

Payment Frequency:

Monthly

Quarterly

Semiannually

Annually

5th of month
or next business day
if weekend or holiday

Payment Amount \$

Payment Day

Start Date (mm/dd/yy)

End Date (mm/dd/yy)

Payment Type (Choose 1 and fill out the corresponding section below)

E-Check

AMEX, Discover, or Mastercard (varies depending on amount and card type)

Credit Card Account Information

Credit Card Number

Expiration Date (mm/yy)

Security code

Name as it appears on card

Email Address

Phone Number

Billing Address

City

State

Zip

E-check Information

Account Holder Name

Phone Number

Billing Address

City

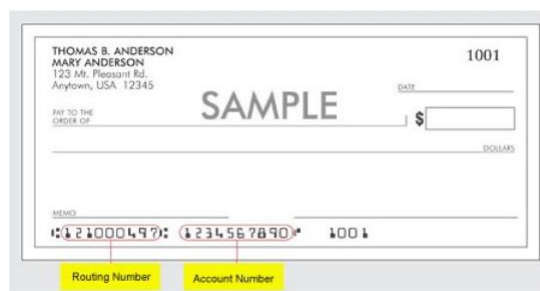
State

Zip

Email Address

Routing Number

Account Number



Terms & Conditions

I, the undersigned, authorize PayLease, on behalf of my Lessor, to debit my account above every month this Agreement is in effect on the debit day stated above. In consideration of PayLease's performance of services hereunder, I acknowledge and agree that I am the lessee occupying the premises at the address stated above. I certify that I have full authority to enter into this Agreement and that all necessary approvals have been obtained to enter into this Agreement. I agree that I will be assessed a fee of \$25.00 by PayLease if my bank account has insufficient funds to cover my payment on the designated day of debit. I authorize PayLease to debit my credit card or checking account submitted above for the amount stated, on the day specified and for the duration of time specified. I waive the right to dispute any debits made by PayLease on these specified debit days. I acknowledge that the origination of Automated Clearing House ("ACH") transactions to my Account must comply with all applicable state and federal laws.

Resident Name (Print)

Resident Signature

Date