



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

**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

Discover

VISA

Mastercard (Cost is 3.0% of Amount Charged)

## 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 \_\_\_\_\_

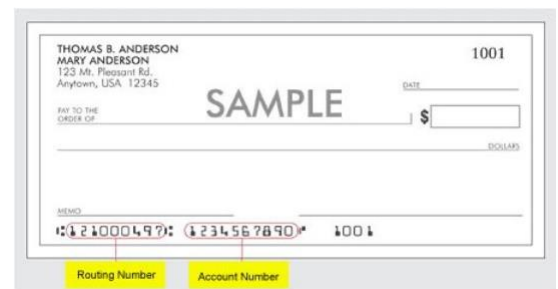
State \_\_\_\_\_

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 \_\_\_\_\_

**GO GREEN!** Please initial here: \_\_\_\_\_ I agree to receive my monthly association statement via email to the following email address in lieu of receiving a paper statement in the mail: \_\_\_\_\_