

One of the many ways that Seabreeze provides time-saving assistance to our clients is to offer the ability to pay your monthly association assessments by an automated debit from a bank account of your choosing. Should you wish to be to take advantage of this **FREE** program, please read the instructions below and complete the attached **Authorization Agreement for Direct Payments (ACH Debits)** form.

Enrollment Steps:

1. Complete the attached **Authorization Agreement for Direct Payments** form.
2. Attach a **VOIDED CHECK** from your personal account to that form.
3. Send the completed form and voided check to Seabreeze at the address shown below no later than the 25<sup>th</sup> of the month. Association dues will be debited on or around the 10<sup>th</sup> of the next billing cycle.
4. Please continue to make payments by check until you have received a confirmation notice from Seabreeze that your account has been set up for direct debit. Confirmation will be provided via e-mail or letter.
5. All enrollment forms received after the 25<sup>th</sup> will be processed by the next billing cycle.

Please Note:

- Automatic withdrawals will only include your monthly assessments. Late fees, late interest, violation fines, parking fees, as well as any special assessments that may arise will NOT be included.
- Your account must be current in order to be eligible for Direct Debit.
- Direct Debit will be processed on or about the 10<sup>th</sup> of each billing cycle. Should the 10<sup>th</sup> day be on a weekend or a holiday, the transaction will be processed on the next business day.
- The Direct Debit amount may increase or decrease based on the Association's assessment changes.
- Although you may be enrolled in Direct Debit, you will continue to receive statements, to continue to keep you informed on the status of your account and if any additional fees have been levied.

Requests to change bank information or to cancel Direct Debit must be received in writing prior to the billing cycle. Should a Direct Debit withdrawal be returned as "Non-Sufficient Funds" you will be required to submit payment for the current assessment plus the bank charge; your account will also be removed from the Direct Debit program. In the event that you wish to re-enroll for Direct Debit, a new form must be completed and all requests to be re-instated may be subject to a one-time set-up fee of \$10.00.

Should you have any questions, regarding the Auto Direct Debit process please contact our Customer Care Department via the following methods:

Attention: Customer Care Department

Phone: 1 (800) 232-7517, Option 1

E-mail: [customercare@seabreezemgmt.com](mailto:customercare@seabreezemgmt.com)

Mailing Address: 26840 Aliso Viejo Parkway Suite 100, Aliso Viejo, CA 92656

**Entire Agreement:** This agreement, including the attached *Authorization Agreement for Direct Payments (ACH Debits)*, contains all representations and the entire understanding and agreement between parties. This agreement may not be modified or amended without the express written consent of the parties. 11/2018

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

Owner Name(s): \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Property Address: \_\_\_\_\_

Association Name: \_\_\_\_\_

Association Account Number (found on monthly statement): 0 0 \_\_\_\_\_ - \_\_\_\_\_

I (We) hereby authorize \_\_\_\_\_, Hereinafter called ASSOCIATION, to initiate debit entries to my (our) checking account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the **Monthly Assessment Withdrawals** to such account, ***including regular assessments only***. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

This authorization is to remain in full force and effect until ASSOCIATION has received written notification from me (or either of us) of its termination in such time and in such manner as to afford ASSOCIATION and DEPOSITORY a reasonable opportunity to act on it.

Depository Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

\*PLEASE PROVIDE A VOIDED CHECK ALONG WITH THIS FORM

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Internal Use Only:		
Circle completed items:	Voided Check	Account Current (Y or N)
	Assessment	Full Balance
	Monthly	Quarterly
Date: _____ Completed by: _____		