Northwest Community Management
A DIVISION OF THE MANAGEMENT TRUST

Dear Homeowner:

In response to your requests and to better serve your community; Northwest Community Management is pleased to announce an additional service to homeowners.

Your assessment can now be automatically deducted from your checking account on or about the 9th of the month the assessment is due. This will allow you to make your payments on a timely basis without the burden of check writing.

If you choose to use this service, the enclosed Authorization Agreement must be completed and returned to Northwest Community Management with an attached voided check.

The form must be received by the 10th of the month for the automatic payment to be in effect for the following month. Please continue to make your regularly scheduled payments. Northwest Community Management will notify you in writing as to the month the automatic payment will begin.

Please do not hesitate to call Northwest Community Management if you have any questions.

Sincerely,

Northwest Community Management, LLC

CONNECTING PEOPLE TO THE PROMISE
17700 SW Upper Boones Ferry Road, Suite 120, Portland, Oregon 97224
MAIL: P.O. Box 23099, Tigard, Oregon 97281-3099
PH: 503.670.8111 FAX: 503.670.0775
www.nwcommunity.com

HOMEOWNER AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)

Association Name: _____

Unit Address: _____

Homeowner Unit Number: _____

I/We authorize the above Association to charge my/our checking account at the financial institution indicated on my/our voided check for the payment of my/our association assessment on or about the 9th of month the assessment is due.

I/We understand that these assessments may change periodically, and that the above named Association will provide such changes to Pacific Western Bank.

I/we represent and warrant to Pacific Western Bank that the undersigned are all signers required to transact business on said deposit account and understand that electronic transactions on said account will be governed by the terms of my/our deposit account terms and disclosure. This authorization is to remain in full force and effect until the Management Company has received written notification from me of its termination in such time and in such manner as to afford the Management Company and Pacific Western Bank a reasonable opportunity to act on it.

Name(s): _____

Signature: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK (with preprinted name and address) FROM THE CHECKING ACCOUNT THAT WILL BE CHARGED.

MAIL THIS FORM TO:

NORTHWEST COMMUNITY MANAGEMENT, LLC
PO BOX 23099
TIGARD, OR 97281-3099