MANAGEMENT COMPANY NAME:	Premier Property Services
ASSOCIATION NAME: Wild Horse Homeowners Association	
HOMEOWNER NAME(S):	
PROPERTY ADDRESS:	
PHONE NUMBER:	EMAIL ADDRESS:
BEGIN SERVICE ON: January 1st, 2025	

I/We authorize the above Association to charge my/our checking account at the financial institution indicated on my/our voided check or listed below for the payment of my/our association assessment on or about the 10th of each month.

I/We understand that the amount to charge my/our checking account is the current regular monthly assessment amount(s). A Special Assessment and/or a miscellaneous charge will not be made without prior authorization.

I/We understand that the assessment amount may change periodically, and that such a change will be updated for payment amount based on annual budget or previously notified change to the Membership.

PLEASE ATTACH A VOIDED CHECK (WITH PREPRINTED NAME AND ADDRESS) FROM THE CHECKING ACCOUNT THAT WILL BE CHARGED.

THIS FORM MUST BE RECEIVED BY JANUARY <u>20TH</u> TO START ON FEBRUARY 1ST.

HERITAGE BANK OF COMMERCE WILL DEBIT YOUR CHECKING ACCOUNT ON BEHALF OF THE ASSOCIATION NAMED ABOVE.

Please **mail** authorization form to:

Premier Property Services 100 Stony Point Road, Suite 180 Santa Rosa, CA 95401

Or **email** the form to Jody Burton: **Jody@premierpsinc.com** Or **fax** the form to **707-546-4321** If you have any questions, please call 707-544-2005.

I/We represent and warrant to Heritage Bank of Commerce 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.

Name:_____

Signature:_____