

ASSESSMENT PAYMENT INFORMATION

| MONTHLY ASSESSMENT | DUE DATE | LATE FEE |
|--------------------|--------------------|----------|
| \$50.00 | FIRST OF THE MONTH | \$15.00 |

*payment must be received by the 15th to avoid late fee.

PAYMENT TYPES

ACH FORM: (RECOMMNEDED METHOD)

- The amount of your assessment statement/coupon will be withdrawn and posted to your account on the tenth (10th) of each month or the first working day thereafter if the 10th of the month falls on a weekend or a holiday.
- The deduction should reappear on your own bank statement to show proof or the receipt of your payment. Remember to record the amount in your check register each month.
- If the funds are not in your account on the payment date, your bank may charge an NSF fee as it would any check presented for payment without sufficient funds.
- It takes approximately forty-five (45) days lead time to institute the program on your behalf and thirty (30) days written notice to cancel the program. Please confirm with your bank that the transactions have been initiated.
- If you change bank accounts or banking institutions, you will need to complete a new application.

Complete the enclosed form and return it along with your "Voided" check to the management office. You will be notified when the internal programming is completed.

Lakewood Prairie Homeowners Association C/O Foster Premier Inc 750 West Lake Cook Road, Suite 190 Buffalo Grove, IL 60089

MAIL:

Lakewood Prairie HOA P.O. Box 7676 Carol Stream, II 60197-7676

Please note property address on check.

ONLINE: (ONE TIME & RECURRING)

Go to www.lakewoodprairiehoa.com, click "Homeowners", "Online Account Access - Pay Online" and click the register button in the upper right-hand corner of the Foster Premier page.

Once you register you will receive a confirmation email within a few hours. If you do not receive an email please check your "spam" and "junk" folders.

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT OF ASSESSMENTS

I (we) hereby authorize **FOSTER/PREMIER, INC.**, as agents for Lakewood Prairie Homeowners Association to initiate debit/credit entries to my (our) account at the financial institution named below in the amount indicated on my (our) monthly assessment invoice/coupon.

I (we) understand that my (our) checking/savings account will be debited/credited from the invoice/coupon amount on the 10th of each month, or the first business day thereafter.

FINANCIAL INSTITUTION

| NAME OF FINANCIAL INSTITUTION _ | |
|---|--|
| ADDRESS | |
| PHONE () | |
| | |
| Lakewood Prairie Homeowners Association | til FOSTER / PREMIER INC., as Agents for on, has received written notification from me h time and manner as to allow reasonable |
| SIGNED | SIGNED |
| NAME | NAME |
| PHONE (Home) | _ (Business) |
| ADDRESS OF UNIT | |
| UNIT # | |
| YOUR MAILING ADDRESS IF DIFFER | ENT |
| EMAIL: | |

Notice to Account Holder: This agreement authorizes the periodic transfer of funds from your account at the financial institution listed above by electronic means. Your rights and liabilities under this agreement are governed in part by federal laws and regulations dealing with electronic fund transfers. You should consult your agreement with the financial institution which holds your account for a more complete disclosure of your legal rights. The above signed customer acknowledges that the information provided is true and accurate.