



PREAUTHORIZED ELECTRONIC ASSESSMENT PAYMENT AGREEMENT (ACH)

Property Address: _____

Name: _____ Phone Number: _____

Type of Account: Checking _____ Savings _____

I (we) hereby authorize Sun City Lincoln Hills Community Association to initiate debit entries to my (our) checking/savings account for the amount of the quarterly assessment only, to occur between the 3rd and the 6th of the month quarterly assessments are due. This authorization is to remain in full force and effect until Sun City Lincoln Hills Community Association has received written notification from me (us) of its termination in such time and such manner as to afford Sun City Lincoln Hills Community Association and my (our) bank a reasonable opportunity to act on it (30 days).

There may be a change in assessments in accordance with the Association's Governing Documents and applicable statutes including notification requirements of the ACH (Automated Clearing House) rules. If there is a change in your quarterly assessments Sun City Lincoln Hills Community Association reserves the right to make changes to this agreement at any time.

If you have any questions or need further information, please contact our office at 916-625-4010.

Signature: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK HERE
(NO Deposit Slips)

PLEASE RETURN COMPLETED FORM TO:
965 ORCHARD CREEK LANE
LINCOLN, CA 95648
ATTN: ACCOUNTING DEPARTMENT