

***Preauthorized Electronic  
Assessment Payment Service  
Authorization Card (please  
print)***

ASSOCIATION NAME \_\_\_\_\_

UNIT ID \_\_\_\_\_

NAME(S) LAST FIRST  
MI

NAME(S) LAST FIRST  
MI

ADDRESS \_\_\_\_\_

CITY STATE

ZIP

DAYTIME PHONE NUMBER \_\_\_\_\_

I (we) hereby authorize LEADERSHIP MANAGEMENT, INC hereinafter referred to as MANAGER, as agent for the association named above to initiate debit entries to my (our) checking/savings account at the depository named below, hereinafter referred to as DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME \_\_\_\_\_

This authority is granted in accordance with the terms and conditions of this Preauthorized Electronic Assessment Payment Service Agreement & Disclosure Statement receipt of which I hereby acknowledge. This authority is to remain in full force and effect until MANAGER has received written notification from me (or either of us) of its termination in such manner as to afford MANAGER a reasonable opportunity to act on it. I understand that MANAGER requires at least three (3) business days prior notice in order to cancel this authorization.

SIGNATURE (REQUIRED)  
DATE: \_\_\_\_\_

SIGNATURE (REQUIRED)  
DATE: \_\_\_\_\_

**ATTACH VOIDED CHECK WITH THIS AGREEMENT AND MAIL BOTH TO:**

Leadership Management, Inc  
P.O. Box 307  
Hartland, MI 48353

Authorization must be received by the 25<sup>th</sup> day of the current month for electronic payments to start the following month. Payments shall be debited on the 5<sup>th</sup> DAY EACH MONTH. IF THE 5<sup>TH</sup> FALLS ON A HOLIDAY OR WEEKEND THIS WILL BE PROCESSED ON THE NEXT BUSINESS DAY.

**PLEASE RETAIN FOR YOUR RECORDS**

***Preauthorized Electronic  
Assessment Payment  
Service Agreement &  
Disclosure***

Preauthorized debits to your account will be processed, on the due date, for the amount of your assessment payment. Payments so collected will be deposited to the checking or savings account of your association, maintained with Mutual of Omaha Bank.

Your association may direct us to make changes to the assessment amounts and/or due dates in accordance with the governing documents and applicable statutes. You will be given notification of these changes in accordance with applicable law.

You may cancel this Agreement at any time without cause by notifying us in writing at our company

address at least three (3) business days prior to the proposed effective date of termination. You may also contact your financial institution directly.

***Preauthorized Electronic  
Assessment Payment  
Services***

**What:**  
Leadership Management, Inc Through Community Association Banking, a division of Mutual of Omaha Bank, we offer association homeowners an opportunity to pay their association assessments using preauthorized electronic payments. Preauthorized electronic payments mean that homeowners can pay their periodic assessments automatically without writing checks, thus reducing the potential for late payments. In addition, the association is assured prompt, predictable payments to help better manage funds. This program is available to all homeowners regardless of where they bank.

**How:**  
The preauthorized electronic assessment payment service uses the Federal Reserve System's Automated Clearing House (ACH) to facilitate electronic transfers from homeowner checking and savings accounts directly into the association's bank account. Funds are transferred on a pre-selected day of the month and appear on the homeowner's bank statement each month. Information regarding payments is reported to the association's management or

bookkeeping company on the same day funds are deposited to the association's account.

If you have questions or need further information, please call our Homeowners Association experts at 810-735-6000 or [Sasha@leadershipmanagement.us](mailto:Sasha@leadershipmanagement.us)

***Preauthorized  
Electronic  
Assessment  
Payment  
Service  
Agreement and  
Disclosure  
Statement***

*for Electronic Payment of  
Assessments*

**To Enroll:**  
Read, complete and sign the attached Preauthorized Electronic Assessment Payment Services Authorization card. Attach a voided check to the authorization card and mail to:

Leadership Management Inc,  
P.O. Box 307  
Hartland, MI 48353  
810-735-6000