



LEISURE VILLAGE ASSOCIATION, INC.

Monthly Dues:

It is the policy of LVA not to send Billing Statements for your Associations Fee. The Association fee is due on the 1st of the month and will be late if not received by the 15th of the month by 5pm.

- (A) Your assessment fee is due on the 1st of each month. A \$20.00 late fee shall be added if received after the 15th of any month. A late Notice will be mailed for all late payments. Accounts with a balance remaining after 30 days shall be charged interest at the rate of one percent (1%) each month.
- (B) Delinquent accounts shall receive one reminder notice from the Association. After 60 days, delinquent accounts shall be turned over for collection.
- (C) The Association may enforce the assessment obligation by filing suit. Any judgment rendered in any such action will include a sum for reasonable attorney fees in such amount as the Court may assess against the defaulting owner.
- (D) You as a home owner have a few options on how you would like to pay your Assessment. You may sign up for ACH (with the application attached) or bring your check into our Association Office or Recreation Center. Another option is to mail the check to:

Leisure Village Association
200 Leisure Village Drive
Camarillo, CA 93012



LEISURE VILLAGE ASSOCIATION, INC.

To Whom It May Concern:

Leisure Village Association can now do automatic payments for your monthly assessments fees. Our processing method is an Automatic Clearing House (ACH) which means we can process payments from all banks, credit unions and most brokerage accounts. Your checking account can be located anywhere in the United States. If you are not sure whether your account will work, please come by the office and we can check your transit number through the FDIC system.

All automatic payments will be processed on the 5th of every month, unless the 5th lands on a weekend and then it will be the following Monday. We can only process each request for payment once each month. If there is a problem with the ACH you will be notified and your assessment fee must be paid by check for that month.

If you would like to make your monthly association fee an automatic payment, with no late fees, please complete the enclosed form and return it to the Association office. Please attach a **voided check**. The voided check is to ensure that we have the correct bank number and transit number to process your ACH. The unit account number listed on the form is the 4 or 5 digit number in your address (ie: 26140 Village 26).

If you should have any questions, please do not hesitate to contact the office.

Sincerely,

Socorro Castaneda
Senior Accountant

Encl: ACH Enrollment Form



HOA Services Platform – Authorization for Direct Payments (ACH Debits)

NOTE: A VOIDED CHECK MUST BE ATTACHED TO THIS FORM TO BE PROCESSED PROPERLY

I (we) hereby authorize Leisure Village Association, hereinafter called "Company," to initiate debit entries to my (our) Checking Account indicated below at the depository financial institution named below, hereinafter called "Depository," and to debit the same to such account for the purpose of collecting assessments for my community association. I (we) understand that this debit will occur on or about the 5th of each month in which assessment payments are due. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time, and in such manner, as to afford Company and Depository a reasonable opportunity to act on it. To the extent that any terms contained in this Agreement are inconsistent with any terms and conditions contained in any other agreements which govern the services provided hereunder, the terms of this Agreement shall control.

I (we) understand that the assessment amount may change periodically.

Unit Address: _____

Assessment Amount: _____

Name(s): _____
(Please Print)

(Please Print)

Signature(s) _____

Date: _____

NOTE: A VOIDED CHECK MUST BE ATTACHED ON BOTTOM OF THIS FORM TO BE PROCESSED PROPERLY

PLEASE RETURN FORM AND VOIDED CHECK TO:

Leisure Village Association, Inc.
200 Leisure Village Drive
Camarillo, California 93012

Start Date: _____

To the extent that any terms contained in this Agreement are inconsistent with any terms and conditions contained in any other agreements which govern the services provided hereunder, the terms of this Agreement shall control.

Please Attach Voided Check Here