



Seacoast Commerce Bank

Automatic Payment Program and Agreement

To join this program, return this form with your voided check or savings deposit slip.

Homeowner Information

Association: _____

Name (as shown on your deed): _____

Email Address: _____

Property Address: _____
Street/Unit# City/State Zip Code

Mailing Address (if Different): _____

Home Telephone: () _____ Work Telephone: () _____

Account Number: _____

Financial Institution Information

Please Debit My (please check one):

Checking Account (attach a voided check)

Savings Account (attach a savings deposit slip)

Name (as shown on bank account): _____

Bank Routing Number: _____

Bank Account Number: _____

I hereby authorize my homeowner's association c/o Principle AMC and the financial institution designated on this application to charge the account I have specified for payment of my association assessment and any association assessment related fees. I understand that a fee may be charged to my account for any insufficient funds and that I can be excluded from this program immediately in the event funds are not available in my account for payment. I understand that I can withdraw from the plan by giving thirty (30) days written notice. I understand that it may take up to thirty (30) days to process my application and that my association account balance must be current in order to participate in this program.

Signature: _____ Date Signed: _____

PO Box 503
Pleasanton, CA 94566
Phone: (888) 747.5548
eFax: (925) 401.7037
Email: info@principleamc.com