

500 Alakawa Street #214 Honolulu, HI 96817 PH: (808) 485-0855 • FX: (808) 485-0987 WEB: www.equitypropertiesinc.com

| SURE PAY APPLICATION | | | | | | | | | | | | |
|--|----------|--------|--|-------|--|-------|----------|---------|----------|--|-------|--|
| PURPOSE (√one) New Applicant Update Bank Information | | | | | | AD | MIN USE | ONLY (√ |) Online | | Merge | |
| ASSOCATION NAME: UNIT# | | | | | | OR AC | CT# | | | | | |
| I authorize EQUITY PROPERTIES, INC. to set up a SURE PAY Automatic Payment Service to pay the monthly charges for my account listed below. | | | | | | | | | | | | |
| OWNER or PAYEE NAME: | | | | | | НОМЕ | PHONE | # | | | | |
| MAILING ADDRESS: | | | | | | WORK | (PHONE | # | | | | |
| CITY: | | STATE: | | | | | ZIP CODE | | | | | |
| I also authorize the financial institution named below to accept the (ACH) transfers and charge my account to pay my monthly association fees. | | | | | | | | | | | | |
| FINANCIAL INSTITUTION NAME | | | | | | | | | | | | |
| ACCOUNT TYPE: Checking (Attach a voided check) Savings Acct # | | | | | | | Routing# | | | | | |
| SIGNATURE: X | | | | | | | DATE | | Х | | | |
| MONTH TO BEGIN YOUR SU | JRE PAY: | | | NOTE: | | | | | | | | |
| | | | | | | | | | | | | |
| Monthly Deduction Period (**) SURE PAY is a FREE and convenient payment option that we manage for you in-house by electronically debiting your designated bank account to pay for your monthly association fees. Depending on your association's grace period, transactions are performed on a fixed day every month, which is on the last day of your association's grace period (10th, 15th, or 20th) or next business day (excluding weekends or bank holidays and without penalty). Your bank statement reflecting the transaction will be your receipt. | | | | | | | | | | | | |
| Important Disclosures | | | | | | | | | | | | |

Please contact our accounting department at (808) 485-0855 within five (5) business days prior to your next Sure Pay deduction if there are any changes, updates, or account holds placed on your bank accounts. Cancellations must be submitted in writing either by mail or email within five (5) business days prior to your next scheduled Sure Pay deduction. Payments rejected for any reason will be assessed a \$10 bank fee, a \$30.00 NSF fee, and any additional applicable fees. If payment is returned for non-sufficient funds three (3) consecutive times within the year, your Sure Pay account will be canceled.

ATTACH VOIDED CHECK HERE