



ASSESSMENT PAYMENT PROCEDURES

NS Management uses a bank lockbox for assessment payments. **Payments are not sent to our office** but instead mailed directly to the bank lockbox (*Barrington Bank, Community Advantage division.*) This provides a secure audit trail and ensures that funds are available to the Association as quickly as possible.

Payment procedures are as follows:

1. For those of you paying by personal check, mail your check with the to the lockbox as follows:

The Name of Your Association
c/o NS Management
PO Box 945
Arlington Heights, IL 60006-0945

2. For those who use online banking (“e-check”) to send assessment payments, you will need to enter **the mailing address shown above**. To ensure proper handling, also ***include your NS account number*** (located at the top of your coupon book) in the memo line of the check. If you do not know your account number, please contact our office.

Note: All checks should be made payable to the name of your Association (not NS Management). Post-dated checks are not accepted.

3. For those of you paying by direct debit (ACH), please complete the attached form and return it with a voided check. The form and check and be scanned and emailed to office@nsmanagement.net, faxed to 847-324-9384 or vis US mail to the Skokie office address below. Your assessment will be debited from your account on the fifth or following business day of each month

4. For those utilizing our online payment option, choose the ***Make a Payment*** tab on www.nsmanagement.net, enter your full name and address within your community, and follow the instructions to pay. *Extra bank convenience fees apply as follows:*

- *Credit and debit card: 3.25% of payment amount*
- *E-check: \$1.99 flat fee*

Thank you for your cooperation with our payment procedures.

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT OF ASSESSMENTS (ACH)

I (we) hereby authorize **NS Management Co., Inc** as agent for _____
Association to initiate debit/credit Entries to my (our) account at the financial Institution named
below in the amount indicated on my (our) monthly assessment invoice/coupon.

I (we) understand that my (our) checking/savings account will be debited/credited from the
invoice/coupon amount on the 5th of each month, or the first business day thereafter.

FINANCIAL INSTITUTION

NAME OF FINANCIAL INSTITUTION _____

FINANCIAL INSTITUTION PHONE (_____) _____ - _____

NAME ON ACCOUNT _____

CHECKING (_____) SAVINGS (_____) **YOU MUST ATTACH A VOIDED CHECK**

This authorization will remain in effect until NS Management Co., Inc as agent for _____
_____ Association has received written notification from me (either of us) of its
termination in such time and manner as to allow reasonable opportunity to act on it.

NAME _____

NAME _____

SIGNED _____

SIGNED _____

PHONE _____

ALT PHONE _____

ADDRESS _____ UNIT # _____

START DATE _____

TODAY'S DATE _____

Notice to Account holder: This agreement authorizes the periodic transfer of funds from your account at
the financial institution listed above by electronic means, your rights and liabilities under this agreement
are governed in part by federal laws and regulations dealing with electronic fund transfers. You should
consult your agreement with the financial institution which holds your account for a more complete
disclosure of your legal rights. The above-signed customer acknowledges that the information provided is
true and accurate.

Please return completed form and voided check to NS Management by one of the options below:

Email: office@nsmanagement.net

Fax: 847-324-9384

Mail: NS Management, 4811 Main Street, Suite 101, Skokie, IL 60077

4811 Main Street, Suite 101, Skokie, IL 60077

P: (847) 998 – 0404 • F: (847) 324 – 9384

office@nsmanagement.net • www.nsmanagement.net