PRE-AUTHORIZED ELECTRONIC ASSESSMENT PAYMENT SERVICE

ASSOCIATION NAME

ASSOCIATION ACCOUNT NUMBER

NAME(S) FIRST MI LAST

NAME(S) FIRST MI LAST

ADDRESS

CITY STATE ZIP

PHONE NUMBER

I (we) hereby authorize **New Vision Community Management, Inc**. hereinafter referred as agent for the association named above to initiated debit entries to my (our) checking/savings account at the depository named below, hereinafter referred to as the DEPOSITORY, to debit the same to such account.

YOUR BANK NAME

This authority is granted in accordance with the terms and conditions of the BANK'S Pre-authorized Electronic Assessment Payment Service Agreement & Disclosure Statement receipt of which I hereby acknowledge. This Authority is to remain in full force and effect until BANK has received writing notification in such manner as to afford BANK reasonable opportunity to act on it.

SIGNATURE DATE

SIGNATURE DATE

Please read, complete and sign. **ATTACH A VOIDED CHECK** and mail both along with your current month's assessment to:

NEW VISION COMMUNITY MANAGEMENT, INC.
2225 RENAISSANCE DR. STE. E
LAS VEGAS, NV 89119

If you have any questions or need further assistance please call
(702) 631-0780 Fax (702) 631-0150