New Concepts Management Group, Inc.

ACH (Automatic Clearing House) Payment Instructions

Enclosed is the ACH sign-up form for automatic withdrawal of your monthly association payment directly from your checking or savings account. Please note:

1. New Concepts is only authorized to withdraw the amount of your regular monthly payment from your account. Any charges to your account other than the regular monthly payment must be submitted separately. This can be done by mailing in or dropping off the payment to New Concepts Management Group, Inc., 5707 Excelsior Blvd., St. Louis Park, MN 55416. When making these payments, please be sure that your check or money order is made out to your association and that your association account number is indicated. An alternate option would be to contact the Accounting Dept. at 952-922-2500 or accounting@ncmgi.com and request the additional charges be withdrawn with your next scheduled withdrawal.

2. If you are enrolled in ACH, you will still receive a monthly statement. The statement will list any charges that are posted to your account for the next month, as well as any charges that are still outstanding.

3. At the fiscal year, if there is a change in amount to the regular monthly assessment your ACH will automatically be adjusted.

4. Should you want to stop the ACH withdrawal or if you sell your home, New Concepts **must** receive notice in writing to request your ACH be cancelled. To stop ACH, notify the Accounting Dept. at 952-922-2500 to request a cancellation form or send your request in writing to New Concepts. You can also email your request for cancellation to accounting@ncmgi.com. Please be sure to indicate your association account number, your name, and the date you want withdrawals to stop. **Your request to cancel your ACH must be received in New Concept's office no later than 5 business days before the scheduled withdrawal date to have time to process the cancellation.**

5. Any change to your ACH (cancellation, amount, account change) must be received in New Concept's office no later than 5 business days before the scheduled withdrawal date to have time to process the change.

6. Three consecutive NSF payments will result in the cancellation of your ACH.

7. Placing a Stop Payment on your ACH will result in the cancellation of your ACH.

Please complete the enclosed ACH form to sign up for automatic withdrawal of your monthly association payment from your checking or savings account. Be sure to indicate the month you would like withdrawals to start, and attach a voided check to the form as well. Once the form is received and processed by New Concepts, a confirmation letter will be mailed to you indicating the start of ACH on your account. If you have any questions, please call the Accounting Dept. at 952-922-2500.

Thank you!
New Concepts Management
Accounting

AUTHORIZATION FOR DIRECT PAYMENT

Rockford Villa Owners Association, Inc.

I authorize New Concepts Management Group, Inc. and the financial institution named below to initiate entries to my checking or savings account. The first direct payment will take place on (**Enter Month Here**)_____ **10TH**. **This authorization will remain in effect until I notify you in writing to cancel it.** I can stop payment of any entry by notifying New Concepts 5 business days before my account is to be charged.

The withdrawal will be done on the 10th of each month. If the 10th falls on a Saturday or Sunday the withdrawal will be on the next business day.

_____

Name-Please Print Date Signature

_____

Unit Address-please print City, State and Zip Code Telephone Number

Unlisted ☐

_____

Mailing Address-if different than Unit Address - Please update my mailing address to this address ☐

_____

Name of My Bank/Financial Institution Bank Branch

☐ **Sign me up for paperless statements**

E-mail Address_____

Routing Number: _____ Checking: ☐

Bank Account Number: _____

Savings: ☐

Please Attach a Voided Check Here:
NOT A DEPOSIT SLIP

Please return to:

New Concepts Management Group, Inc.
5707 Excelsior Boulevard
St. Louis Park, MN 55416
Fax: 952-922-5400
accounting@ncmgi.com

Office Use Only:

Date Received: _____ Confirmation: _____

Account #: 625-_____ Amount: _____ Processed: _____