



ALLSTATE HOA MANAGEMENT

HOMEOWNER ASSOCIATION MANAGEMENT SERVICES

11030 SANTA MONICA BOULEVARD SUITE 100 LOS ANGELES CA 90025
T: 310.444.7444 F: 310.773.9887 SUPPORT@HOAMGMT.COM

Temple Lofts Property Owners Association
835 Locust Ave
Long Beach, CA 90813

Starting management 11/1/2020

Dear Homeowner,

Allstate HOA Management has been hired by the Board of Directors to be the new property managers. We are appreciative of the trust placed in our company and we will endeavor to exceed expectations.

Please update the method by which you pay your monthly assessments (dues) as of the date above. There are four ways to pay your monthly assessments:

1. Automatic payments (ACH) - please complete and email or mail the enclosed form. Automatic payments are normally withdrawn around the fifth of each month. **This is the preferred form of payment.** It is an electronic transfer of funds and by-passes the mail.
2. Check - be sure to clearly indicate your name and unit address on your check. Make checks payable to **Temple Lofts Property Owners Association** and mail to:

<p>Temple Lofts Property Owners Association c/o EH Bank PO Box 360469 Los Angeles, CA 90036</p>

3. Bill Pay - Your own bank's online bill paying service. You must advise your bank of the EH Bank mailing address as it appears above and use your unit number as the account number. Setting up or changing bill pay services can be done on your bank's web site.
4. E-check, credit & debit card – **One-time** online payments using your checking account (no fee), credit card (Visa, M/C, Discover, Amex 2.95% fee) or debit card (Visa, M/C \$4.95 fee) can be made by visiting our website at www.HOAMGMT.com and clicking the PAY ONLINE tab. You must already have an email address on file with us to be able to use this feature.

VERY IMPORTANT: Please send your current contact information, including phone numbers and e-mail addresses, etc., to SUPPORT@HOAMGMT.COM. It is extremely important that we can contact you when necessary. If you have tenants, we will need their contact information as well. You can use the attached form to email or mail back to us as well.

Allstate HOA Management is a "green" company and, wherever possible, business is conducted electronically. E-mail is our primary method of communication. It is very important that our mail is not filtered or blocked. Please be sure to include your association's name in all correspondence and messages.

We do not send monthly homeowner statements or invoices. Your statement and HOA financials may be accessed through our website www.HOAMGMT.com under "Homeowner Login." When your association has been completely set up in our system, you will receive an email with login instructions. This email will be sent to the primary email address that we have on file for you.

Again, we are appreciative of the opportunity and look forward to working with you. Should you have any questions, our office address and contact information are at the top of the page.

Sincerely,
Allstate HOA Management



ALLSTATE HOA MANAGEMENT
HOMEOWNER ASSOCIATION MANAGEMENT SERVICES

Please complete and return to:

11030 Santa Monica Blvd., Suite 100 Los Angeles, CA 90025 or e-mail to support@hoamgmt.com

It is very important that we have accurate and complete contact information. This information is kept private and enables us to reach you in the event of emergency.

Association Name: _____ Unit #: _____

Owner/Owners: _____

Mailing Address: _____

E-mail: _____

E-mail: _____

Phone: _____ Phone: _____

Tenants/Occupants: _____

E-mail: _____

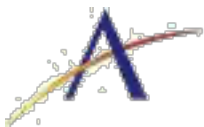
Email: _____

Phone: _____ Phone: _____

Other: _____

Other: _____

ALLSTATE HOA MANAGEMENT 11030 Santa Monica Boulevard, Suite 100 Los Angeles, CA 90025 T: 310.444.7444 f: 310.773.9887 support@hoamgmt.com



DIRECT PAYMENTS (ACH) AUTHORIZATION AGREEMENT

I (we) the undersigned authorize the subsequently listed Homeowners Association to electronically debit my (our)

account (and, if necessary, electronically credit my (our) account to correct erroneous debits¹ as follows:

Financial Institution Information

Checking Account OR Savings Account

At the financial institution named below. I (we) agree that ACH transactions I (we) authorize comply with all applicable laws.

Name of Financial Institution:			
Routing Number:		Account Number:	
Amount:		Frequency:	<input type="checkbox"/> Monthly <input type="checkbox"/> One Time

Homeowner/HOA Information

Homeowners Association:	
Unit Address:	
City, State, Zip:	

I (we) understand that this authorization will remain in full force and effect until I (we) notify Allstate HOA Management in writing that I (we) wish to revoke this authorization. I (we) understand that Allstate HOA Management requires five (5) working days prior notice in order to cancel this authorization.

Name (print)		
Signature		Date:
Name (print)		
Signature		Date:

TO ENSURE ACCURACY, PLEASE RETURN THIS FORM WITH A VOIDED CHECK

Completed forms and voided checks can be emailed to **SUPPORT@HOAMGMT.COM**.

Or mailed to: **Allstate HOA Management**
11030 Santa Monica Blvd. Suite 100
Los Angeles, CA 90025

¹The NACHA Operating Rules do not require the consumer's express authorization to initiate reversing entries to correct erroneous transactions. However, originators should consider obtaining express authorization of debits or credits to correct errors.