Doral Gardens Condo Owners.

Please see below convenient payment options:

1. **Online bill pay**: If you are one of the many owners currently using this service, just access your personal bank account online, update the "mailing address" to P.O. BOX 1030 Lehigh Acres, FL 33970 AND verify your designated "account" matches the coupon "account" i.e., 1450 / DG plus your unit number. To set up a new on-line bill payment directly with your bank, access your personal account online and follow instructions (your bank's customer service hotline can provide assistance). Include your coupon account and lock box mailing address. Please make check payable to Doral Gardens Condo NOT Synovus.

* Please note the Bill Pay Service is not processed electronically, but rather with a paper check. We highly recommend that payment be made at least 10 days before the due date to avoid late payments

2. **ACH payment** (no added fee): Simply fill out the enclosed form, enclose a voided check and mail it P.O. BOX 1030 Lehigh Acres, FL 33970 or email to lockbox@synovus.com Your condo maintenance payment will be automatically paid from your account monthly (See ACH form enclosed).

Note: (Automatic Clearing House) is a secure and respected nationwide electronic network used by banks and financial institutions for transactions throughout the US.

The authorization will remain in full force and in effect until condo has received written/verbal notification.

PLEASE NOTIFY lockbox@synovus.com or contact your HOA/Property Management Co. to cancel your ACH. Please give 5 business days for current month to cancel.

****PLEASE NOTE IF YOU ARE ALREADY SIGNED UP FOR ACH YOU WILL NOT NEED TO DO ANYTHING****

- 3. **Check**: Mail your check to our new lockbox address with the enclosed coupon. The mailing address is P.O. BOX 1030, Lehigh Acres FL 33970
- 4. **Credit Card** (additional convenience fee charge): Debit/Credit Card as well as EChecks can be processed following these instructions (see screen shots in this packet for instructions):
- 5. Visit Synovus and make your payment. Their local office is ready and able to meet your needs.

Sincerely,

Doral Gardens Condo

***Please note when using this service, it can take up to 5 business days to process and post to your account Doral Gardens Condo

Go to: https://fcb1923epay.com/find

Or: Synovus.com under Business > Online Banking > BEB > Pay Your Assessment

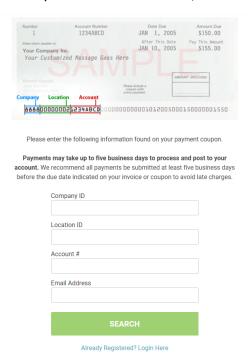
Type in codes below exactly as shown (without any zeros)

Co ID: 1450

Location ID: 010000DG

Account #:

*After you enter all information, it will ask you to register your account number by creating a PIN





****PLEASE NOTE IF YOU ARE ALREADY SIGNED UP FOR ACH YOU WILL NOT NEED TO DO ANYTHING****

SYNOVUS[®]

Association Banking Services, Association Pay (ACH) Authorization

Sign up to automatically pay your association payment from your checking or savings account at any U.S. bank financial institution.

To enroll-Complete this authorization form and attach a voided check. Mail this form to Synovus / Association Banking Services, **P.O. Box 1030, Lehigh Acres**, **FL 33970,** or email to lockbox@synovus.com Association Pay Terms and Conditions:

- You are enrolling in Association Pay to authorize recurring payments through electronic funds transfer by ACH debit entries.
- When your payment is due, your account is debited automatically on the 3rd of the month. If the 3rd is on a weekend or holiday, your account is debited the next business day.

*******IMPORTANT - PLEASE BE SURE TO SPECIFY START DATE OF YOUR DEDUCTIONS*******

Asso	ciation Pay Autho	rization for ACH	debit
Association Name: Doral Gardens Condo (1450/DG) Monthly			Unit/Acct Number & Amount (from Coupon)
Bank Account Owner Name:			Phone #
Mailing Address:			,
City, State, Zip		Email Address:	
Bank Name:	Bank Routing #:		Account #:
I have read and agree to the transactions on the account info named Association to debit the a that the origination of ACH transactions to n full force and effect until condo/Homeowne authorization. PLEASE NOTIFY lockbox@synovus.cc Please give 5 business days for curre	ormation provided to ccount provided to ccount provided to the ccount must complete Association has received or contact your	d. I understand to collect Associate with the provisions of the written/verbal not the HOA/Property Market Washington	that I am authorizing the above- tion Payments. NOTE: I acknowledge f U.S. law. This authorization is to remain in diffication from me of my termination of this
Signature:		Date:	
Please specify START DATE to beg	gin ACH debit:		