

Tired of remembering to mail your association fees?
 Want to save on postage and avoid late charges?

SurePay is an automatic payment program that allows you to pay your recurring association charges through any participating financial institution--including local or mainland banks, credit unions, and savings and loans. Nearly every financial institution in the U.S. participates. SurePay electronically transfers your payment from your account as ACH payment into your Association's account on the 10th of each month. If the 10th falls on a Saturday, your payment will be deducted on the 9th and if it falls on a Sunday, or holiday, the deduction will occur on the next business day.

<u>Surepay Enrollment Instructions:</u> Be sure to double check that you have your Hawaiiana account number and enter it correctly:

ONLINE: Visit our website at

https://hmcmgt.com/surepay-authorization-form/ or you may scan the QR code on the right to complete an online form. You will receive a confirmation from Hawaiiana when your Surepay application is received.

BY MAIL: Complete the SurePay Authorization form below and attach either a voided check OR a letter signed by your bank representative confirming account name, account number, and ABA routing number for ACH payments. Send the completed form to:

Hawaiiana Management Company, Ltd. Attention: Surepay 711 Kapiolani Blvd, Suite 700 Honolulu, HI 96813







HMC Website

- CHECK YOUR BANK STATEMENT. If your SurePay application is received by the 15th of the month, your SurePay will begin the following month. Review your bank statement to confirm your first SurePay payment.
- CHANGES OR CANCELLATION: Please inform Hawaiiana of any changes to your checking or savings account to avoid interruptions of your monthly auto pay. If you need to STOP or CANCEL your auto pay, please submit a cancellation request online at www.hmcmgt.com or send a written letter to Hawaiiana. You may also scan the QR code on the left to visit our website. Your cancellation request must be received on or before the 15th of the current month for the cancellation to take place the following month. For any immediate SurePay termination, please call our Accounting Specialist team at (808) 440-5530.

Туре (of authorization (select one only).	Requesting Effective Date:	
	NEW : Enter all banking information requested	below and submit this form.	
	CHANGE : Complete this form by entering chan submit the completed form.	ges to the financial institutio	n, account number, or type of account; and
	CANCELLATION : You may cancel your SureParimmediate closing, please call and inform our contents.		bmit this form. If your account needed

I hereby authorize Hawaiiana Management Company, Ltd., as Agent for my association, to deduct recurring association payments from the bank account indicated on this form. By signing this form I agree that only my recurring (e.g. maintenance fees, community association dues, special assessments, utilities, amenity rentals, etc.) will be deducted through SurePay and for any non-recurring charges, including but not limited to late fees, fines shall be paid separately. I acknowledge that a handling fee may be applied if a payment cannot be processed due to insufficient funds, stop payment, and account closure.

If Hawaiiana Management Company, Ltd. chooses to terminate my SurePay enrollment (for example due to multiple payment returns or rejects), I will be notified in writing at least 20 days prior to the next scheduled payment date.

OWNER NAME:	ASSOCIATION:	HAWAIIANA ACCOUNT NO#:	
PHONE:	TYPE OF ACCOUNT: (SELECT ONE ONLY) ☐ CHECKING ☐ SAVINGS	UNIT NO:	
FINANCIAL INSTITUTION:	E-MAIL ADDRESS:	DEDUCTION: (CHECK DUES) ☐ RECURRING ASSOCIATION DUES	
ROUTING NUMBER:	ACCOUNT NUMBER:	(e.g. maintenance fees, community association dues, special assessments, utilities, amenity rentals, etc.)	
AUTHORIZED SIGNATURE:		DATE:	



