

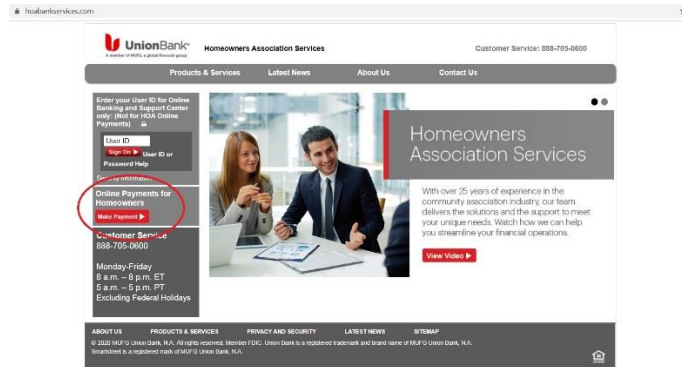
## PAYING FOR DOCUMENT REQUESTS

You can make a onetime payment for Document requests through Union Bank at:

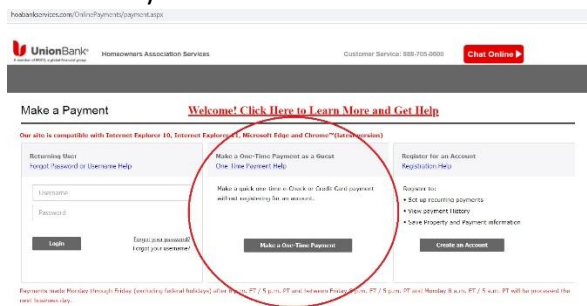
[WWW.HOABANKSERVICES.COM](http://WWW.HOABANKSERVICES.COM)

Document requests include: Resale Certificates, Lender Questionnaires, and HOA Sale Documents

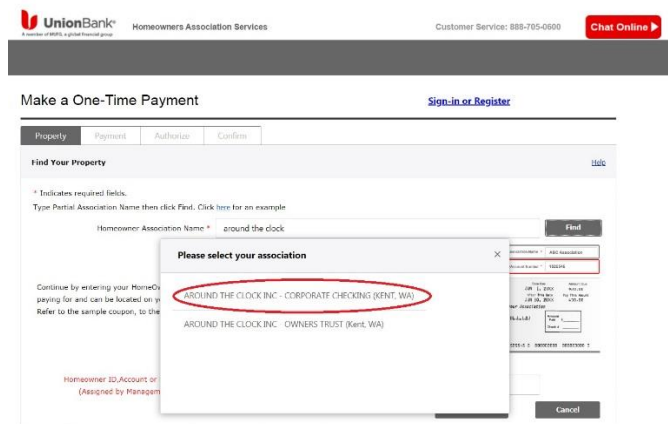
1. Please select the “Make Payment” option on the left-hand side of the screen



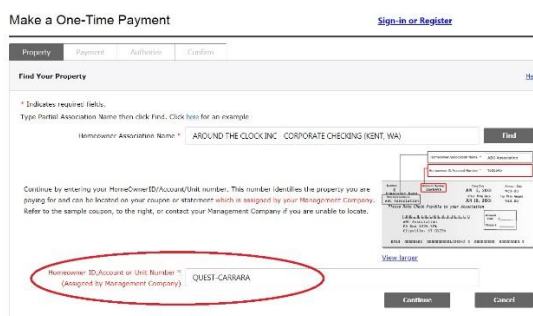
2. Please select “Make a One-time Payment”



3. Please enter “Around the Clock” for the Homeowner Association name, click find, and select “AROUND THE CLOCK INC – CORPORATE CHECKING (KENT, WA)”



4. Please enter the type of document request followed by the association name for the Homeowner ID and click continue (Examples: “Quest – Carrara” “Resale – Bayview” “HOA Doc – Falcon”)



5. Verify the information you have entered is correct and click continue

Make a One-Time Payment [Sign-in or Register](#)

Property Payment Authorize Confirm

Property Found

Is this your property below?

Homeowners Association	Management Company	HOA ID	Property Location
AROUND THE CLOCK INC - CORPORATE CHECKING	Around the Clock, Inc.	QUEST-CARRARA	KENT, WA

**Yes, Continue to Make a Payment**

Not what you are looking for?

6. Enter in payment amount indicated on the request form and choose how you would like to pay (Credit/Debit Card or E-check)

Make a One-Time Payment [Sign-in or Register](#)

Property Payment Authorize Confirm

Indicates required fields.

Property

Homeowners Association: AROUND THE CLOCK INC - CORPORATE CHECKING  
 Management Company: Around the Clock, Inc.  
 Homeowner ID: QUEST-CARRARA  
 Property Location: KENT, WA

HOA Payment

Payment Amount \* \$0.00

Please click your appropriate payment type below \*

Payments made Monday through Friday (excluding federal holidays) after 6 p.m. ET / 5 p.m. PT and between Friday 8 p.m. ET / 5 p.m. PT and Monday 8 a.m. ET / 5 a.m. PT will be processed the next business day.

7. For Credit/Debit Cards Please complete the requested billing and payment information and select process "Credit Card". \*Please note your total will include Union Bank's processing fee of \$14.95\*

\* All credit/debit card payments:  
 -Will be processed by a third party processor.  
 -Are assessed a \$14.95 fee for each payment.  
 -Have a \$3000 maximum payment amount for each transaction.

Homeowner Association Services Credit Card Payment

Billing Information		Payment Details	
First Name *	Last Name *	Description	Amount
John	Doe	HOA Payment	\$150.00
Address Line 1 *		Technology Fee	\$14.95
12345 SE 67th St		A \$14.95 fee will be assessed for each payment. There is a \$5000 maximum payment amount for each transaction.	
Address Line 2 (Optional)		<b>Payment Total</b>	<b>\$164.95</b>
City *	State *	Payments made Monday through Friday (excluding federal holidays) after 6 p.m. ET / 5 p.m. PT and between Friday 8 p.m. ET / 5 p.m. PT and Monday 8 a.m. ET / 5 a.m. PT will be processed the next business day.	
Kent	Washington		
Contact Number * (Do not enter hyphens or spaces)	Email *		
2534567890	john@doe.com		

I have read and understand all of the [E-Sign Agreement](#) and [Authorization Agreement](#)

[Privacy Policy](#)

**UnionBank** Homeowners Association Services Customer Service: 888-705-0600 [Chat Online](#)

Card Information \* Denotes a required field

\*Card Number:   
 \*Expiration: Month / Year  
 \*CVV:

Transaction Information

Amount: \$164.95

8. For E-checks please enter the requested Billing and payment information and select "Submit Payment"

Please click your appropriate payment type below: \*

Payments made Monday through Friday (excluding federal holidays) after 6 p.m. ET / 5 p.m. PT and between Friday 8 p.m. ET / 5 p.m. PT and Monday 8 a.m. ET / 5 a.m. PT will be processed the next business day.

All fields required unless noted otherwise

Billing Information		Account Information	
First Name *	Last Name *	<input checked="" type="radio"/> Checking Account <input type="radio"/> Savings Account	<p>Note: If the savings and checking routing and account numbers are the same your payment will default to the checking account for payment.</p> <p><b>SAMPLE ONLY</b></p> <p>NAME: [REDACTED]                  ADDRESS: [REDACTED]                  CITY, STATE, ZIP: [REDACTED]</p> <p>ROUTING NUMBER: [REDACTED]                  ACCOUNT NUMBER: [REDACTED]                  CHECK NUMBER: [REDACTED]</p> <p>For savings, credit union, money market and business accounts, please check with your financial institution to verify the correct numbers to use for electronic transfers.</p>
Address Line 1 *		Routing Number *	
12345 SE 67TH ST		Re-ender Routing Number *	
Address Line 2 (Optional)		Account Number *	
City *	State *	Re-ender Account Number *	
Kent	Washington		
Contact Number * (Do not enter hyphens or spaces)	Email *		
2534567890	john@doe.com		

9. Once you have submitted your payment please forward a copy of your receipt to [INFO@AROUNDTHECLOCKINC.COM](mailto:INFO@AROUNDTHECLOCKINC.COM) with your request form and any supporting documents for processing.