

AQUA

QUICK PAY Service

Why should I Sign-up for Aqua Quick Pay Service TODAY!

1. Make your life Hassle-free. With Aqua Quick Pay Service you don't have to trouble yourself with running to the bank each month to deposit your check.
2. With Aqua Quick Pay Service you no longer have to check your mail box everyday. Funds are automatically deposited to your bank account on the day your statement is due to be mailed.
3. You may have your statement mailed or have it emailed. It's your choice. Simply list your email address below to have your statement emailed.

How do I Sign Up.

1. Complete the authorization from below, and select which type of account from which you would like distribution funds deposited.
2. Attach a VOIDED check to this form if you have chosen a CHECKING account; for a SAVINGS account, contact your financial institution for assistance in completing the ABA Routing (nine digit bank identification number) information.
3. Mail completed form to Aqua Hotels & Resorts, c/o Aqua Quick Pay Service, 1860 Ala Moana Blvd., Suite 411 Honolulu, HI 96815. Keep a copy for your records. (Forms must be received by the 15th of the month prior to the distribution statement.

AUTHORIZATION FORM FOR AQUA QUICK PAY SERVICE

Vendor Name: _____ Property: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

Account Type: Checking Savings – Financial Institution: _____

Account No.: _____ ABA Routing No.

Authorization Agreement for Aqua Quick Pay Service – I Authorize Aqua Hotels & Resorts, LLC and the financial institution listed above to deposit into my account my monthly distribution payment. I acknowledge that the origination of Automated Clearing House transactions to the account listed must comply with the provision of U.S. law. I understand that both the financial institution and Aqua Hotels & Resorts, LLC, is not responsible for late or non-sufficient fund fees caused by a delay in processing ACH transactions, and reserves the right to terminate this service and/or my participation therein. I understand that, at any time, I may elect to discontinue my enrollment in this service by providing written notice.

Signature _____ Date: _____