

We are pleased to offer you the **Direct Payment Plan**. Now you can have your payment deducted automatically from your checking account. And, you won't have to change your present banking relationship to take advantage of this service.

**The Direct Payment Plan will help you in several ways:**

- It saves time – fewer checks to write.
- Helps meet your commitment in a convenient and timely manner – even if you're on vacation or out of town.
- No lost or misplaced statements, your payment is always on time—it helps maintain good credit.
- It saves postage.
- It's easy to sign up for, easy to cancel.
- No late charges.

**PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS**

**Here's how the Direct Payment Plan works:**

You authorize regularly scheduled payments to be made from your checking account. Then, just sit back and relax. Your payments will be made automatically on the specified day. And proof of payment will appear on your statement. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before payment date. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.

**All you need to do is:**

1. Fill in the information requested below.
2. Attach a voided check for verification of all financial institution information.

**NOTE: Be sure to sign and date the form!**

**AUTHORIZATION FOR DIRECT PAYMENT**

I authorize \_\_\_\_\_ ("Association") to initiate electronic debit entries to my checking account for payment of association assessments. I understand I will receive a notice if the amount changes. If this item is returned unpaid, I authorize an additional returned check fee of the maximum amount as allowed by the Collection Policy of the Association to be charged to this account. I will notify the Association, in writing, if there is a change in the banking institution that would affect the automatic transfer. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing, in such a time and manner as to afford Association a reasonable opportunity to act on it.

Financial Institution Name (Please Print) \_\_\_\_\_

Financial Institution Routing/Transit Number \_\_\_\_\_

Account Number at Financial Institution \_\_\_\_\_

Name on Account at Financial Institution \_\_\_\_\_

Email Address \_\_\_\_\_ (Please print)

Home Phone Number: \_\_\_\_\_ Cell or Work Phone Number: \_\_\_\_\_

Association property address: \_\_\_\_\_

Mailing address if different from above: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT NOTE:** You must continue paying your assessment fee until you receive notification via mail or email of the direct debit start date.

→ **I acknowledge and understand this.** \_\_\_\_\_ **(initial)**

**For Internal Use Only:**

**Acct#:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

