



Associa[®]

REQUEST FOR AUTOMATIC PAYMENT OF ASSESSMENTS

Thank you for your interest in Electronic Funds Transfer. In order to process your request we will need a voided check from the account you want debited. The automatic payment process will begin with your next assessment period once we have received your completed form and your voided check.

HOMEOWNER AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

I authorize the branch and the financial institution listed below to debit my bank account automatically for each association assessment billing period.

BRANCH NAME: _____

HOMEOWNER NAME: _____

HOMEOWNERS C3 ACCOUNT NUMBER: _____

ASSOCIATION NAME & UNIT #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOMEOWNERS BANK NAME: _____

HOMEOWNER BANK ACCOUNT NUMBER: _____

CHECKING ACCOUNT

SAVINGS ACCOUNT

BANK ROUTING NUMBER: _____

HOMEOWNER SIGNATURE: _____

In order for funds to be pulled in time for next month's assessment, this form must be received no later than the 20th of the prior month.

Return by mail:

Complete and send this form and a voided check to the following address:

Associa
1225 Alma Rd., Suite 100
Richardson, Texas 75081

OR

Return by email:

Scan and send this form and a voided check to the following email address:

csscdirectdebit@associa.us

Delivering unsurpassed management and lifestyle services to communities worldwide.