



# Associa<sup>®</sup>

## 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 20<sup>th</sup> 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](mailto:csscdirectdebit@associa.us)

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