



REQUEST FOR AUTOMATIC PAYMENT OF ASSESSMENTS

Thank you for your interest in Electronic Funds Transfer also known as Direct Debit. Please fill out the following information to complete this request. All information below is required. If not provided, there will be delays in processing your direct debit request.

This form must be received no later than the **20th of the prior month**. The automatic payment process will begin with your next assessment period once we have received your completed form and either your voided check or letter from bank that includes your full account number and routing number. **Payments will be processed around the 5th of each month.**

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.

Management Company Name: _____

Homeowner Name: _____

Homeowner Account Number: _____

Association Name: _____

Address and Unit Number: _____

City: _____ State: _____ Zip: _____

Start Date (MM/YYYY) ____/____/____

Cancellation Date (MM/YYYY) ____/____/____ (No banking information is needed for cancelation)

Homeowner Bank Name: _____

Homeowner Bank Routing Number: _____

Homeowner Bank Account Number: _____

CHECKING ACCOUNT – Include a voided check from the account you would like to debit.

SAVINGS ACCOUNT – Include a letter from bank that includes your full account number and routing number. **Statements will not be accepted.**

Only checks from US banks will be accepted. Deposit slips cannot be used in place of a voided check.

Signature: _____ Date: _____

Forms received after 20th will not be set up to run next assessment period. Direct Debit will be set up to run for the following assessment period.

**Return the form and voided check/letter via email to:
CSSCDirectDebit@associa.us**