

*****Enroll Online Today!*****

Create an account using the instructions on your current statement and you will be able to "Sign Up For Automatic Payments" as well as "Sign Up For Paperless Statements". Feel free to contact our office for a copy of your current statement.

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

Dear Homeowner,

Use this form to authorize the association to debit your checking account during the first 10 days each month for your monthly assessment amount plus any other charges billed.

You will continue to receive a monthly statement prior to the debit so that you can review the charges to your account in advance of the debit. Be sure to review your monthly statement each month.

Your start date will be the first day of the month following your submission of the form as long as we receive it before the first of the month.

ASSOCIATION NAME: _____

ACCOUNT NUMBER OR PROPERTY ADDRESS: _____

Effective the first day of each month, I (we) hereby authorize THE ASSOCIATION to initiate debit entries to my (our) Checking account indicated below for my monthly Association Fees at the depository (bank) named below, hereinafter called DEPOSITORY. I (we) authorize the Association to initiate the original debit entry in an amount equal to the unpaid balance on my (our) assessment account and to debit for all charges to my (our) assessment account unless I (we), in writing, dispute a charge prior to the debit. I (we) understand that the debit to my (our) checking account will occur during the first ten (10) days of the month.

DEPOSITORY (BANK) NAME _____

TRANSIT / ABA # _____ ACCOUNT # _____

NAME (S) _____

(Please Print)

PLEASE ENCLOSE A VOIDED CHECK REFLECTING THE ABOVE ACCOUNT INFORMATION

DATE _____ SIGNED _____

This authority is to remain in full force and effect until ASSOCIATION has received written notification from me (us) of its termination in such time and in such manner as to afford ASSOCIATION and DEPOSITORY a reasonable opportunity to act on it.

ATTACH VOIDED CHECK HERE

Return form to our office by Mail, Fax, or Email
4030 Spencer Street # 104
Torrance, CA 90503
Fax (310) 793-1549
Accounting@cishoa.com