Preauthorized Payment Agreement

The undersigned homeowners authorize, our account holder, to debit the account for the following amount(s) on the dates specified:

Assessment

Total Due: $123.45

Signature (Required)

Date

Preauthorized Payment Agreement

This Agreement is subject to the following conditions:

1. The account holder shall provide the Association with a completed Preauthorized Payment Agreement before the due date of the assessment.
2. The Association reserves the right to amend this Agreement at any time.
3. The account holder shall provide the Association with written notice of any changes to the account holder's mailing address, telephone number, or bank account.

By signing this Agreement, the account holder authorizes the Association to debit the account holder's account for the assessment due on the dates specified.

Association Name:

Address:

City:

State/Province:

Postal Code:

Phone Number:

Date:

Time:

If you have questions or need additional information, please call the Association at 123-456-7890.

Finalized by:

Date:

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Association Name:

Address:

City:

State/Province:

Postal Code:

Phone Number:

Date:

Time:

If you have questions or need additional information, please call the Association at 123-456-7890.

Finalized by:

Date: