

AUTO PAY APPLICATION FOR RESIDENTS

AUTO PAY IS A FREE SERVICE THAT MAKES PAYING YOUR ASSOCIATION ASSESSMENT EASIER. IT'S A SIMPLE AND CONVENIENT WAY TO HAVE YOUR ASSESSMENT WITHDRAWN FROM YOUR CHECKING ACCOUNT ON THE FIRST, (I.E. JANUARY 1ST).

Below is a form that must be completed if you would like to have your annual assessment payment electronically deducted from your bank account. Please complete the form and return to our office as soon as possible. Payments will begin to be deducted from your accounts effective next billing cycle.

AUTHORIZATION AGREEMENT FOR DIRECT WITHDRAWAL

THIS AUTHORIZATION IS NONNEGOTIABLE AND NONTRANSFERABLE

Association Name: _____

Property Address (FOR PAYMENT TO BE APPLIED): _____

Assessment Account Number: _____

Payer's Name: _____

Payer is (PLEASE CIRCLE ONE): Owner Renter Other: _____

Phone Number: _____ Email Address: _____

Signature: _____ Date: _____

I authorize Vista Management Associates, Inc., as managing agent for _____
(homeowners association), to automatically debit my [] checking [] savings account.

A FORM MUST BE SUBMITTED FOR EACH ASSOCIATION

****I understand my dues are** Monthly Quarterly Semi-Annual Annual**

Application Type (PLEASE CIRCLE ONE): New Application OR Bank Change Only

****Bank Account #:** _____ ****Bank Routing #:** _____

Financial Institution: _____

City: _____ State: _____ Zip Code: _____

Please note that with credit unions, information for automatic debit may be different than what is printed on the check.

I understand that this authorization will be in effect until I notify my managing agent, in writing, that I no longer desire this service, allowing management reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account. I acknowledge that the transaction will occur on the 1st business day of each period as agreed to above. I also understand that there is a service charge of \$30.00 per payment returned, for any reason. If two payments are returned within one year, the service will be stopped and I will be responsible for making payments on balances due.

Please attach a blank voided check below:



← **SAMPLE**

PLEASE RETURN TO:

VISTA MANAGEMENT ASSOCIATES, INC.
8700 Turnpike Drive, Suite 230, Westminster, CO 80031
Phone: 303.429.2611 Fax: 303.429.2632
Email: crystal@vistamgmt.com