## To All Homeowners:

Your Association offers electronic payment processing as an **optional** method for your assessment payment. Pre-authorized Automatic Payments mean that homeowners can pay their assessments automatically without writing checks, thus eliminating the potential for late payments. In addition, the association is assured prompt, predictable payments to help better manage funds. This program is available to all homeowners regardless of where they bank. Funds are transferred from the homeowner's checking account directly into the association's bank accounts. Funds are transferred between the 10th and 15th of the month.

If you would like to sign up for this service, please fill out the form below and return it to the Association office at 16625 S Desert Foothills Pkwy, Phoenix, AZ 85048 *along with a voided check ( deposit slips are NOT acceptable ).* 

Pre-Authorized Electronic Assessment Payment Authorization (please print)

| Rogers Rai                   | nch Unit            | 1 Community Association, Inc        | •                                                                                                                                             |                         |
|------------------------------|---------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Association                  |                     |                                     | •                                                                                                                                             |                         |
| Lot Number                   |                     | Monthly Assessment Amount           | -                                                                                                                                             |                         |
| Name(s)                      | Last                | First                               | M.I.                                                                                                                                          |                         |
| Name(s)                      | Last                | First                               | M.I.                                                                                                                                          |                         |
| initiate debit               | entries to          |                                     | er referred to as BANK, as agent for the ass<br>ed above at the depository named below, he                                                    |                         |
| Depository 1                 | Name (Hor           | meowner's Bank )                    |                                                                                                                                               |                         |
| Branch Nam                   | ie                  |                                     |                                                                                                                                               |                         |
| City                         |                     | State Zip Cod                       |                                                                                                                                               |                         |
| payment agr<br>and effect ur | eement & ontil BANK | disclosure statement receipt of whi | l conditions of the Bank's pre-authorized ele<br>ch I hereby acknowledge. This authority is<br>rom me (or either of us) of its termination in | to remain in full force |
| Signed                       |                     | Phone                               |                                                                                                                                               |                         |

Signed

Phone

Please make sure you send a voided check with this agreement and mail all to: VISION Community Management, 16625 S Desert Foothills Pkwy, Phoenix, AZ 85048.