

IF YOU WISH TO PARTICIPATE IN DIRECT DEBIT FOR YOUR ASSOCIATION FEE, PLEASE COMPLETE AND RETURN THIS FORM TO:

ARTEMINA COMMUNITY ASSOCIATION
PO BOX 11330
TEMPE AZ 85284-0023
(480) 345-0046

AUTHORIZATION FOR AUTOMATIC PAYMENT

I authorize Artemina Community Association to set up an Automatic Assessment Payment Service for me and to initiate electronic fund transfers to pay the quarterly assessment for the homeowner(s) listed below:

A voided check must be attached.

HOMEOWNER(S) NAME: _____

ADDRESS: _____

LOT NO: _____ PHONE NO: _____

I also authorize the financial institution named below to accept the fund transfers and charge my checking or savings account shown below to pay the Artemina Community Association monthly assessment or to credit my account if it is necessary to make corrections:

FINANCIAL INSTITUTION: _____

BRANCH: _____

ADDRESS: _____

ACCOUNT NUMBER: _____

TYPE: [] CHECKING [] SAVINGS

SIGNATURE ON ACCOUNT: _____

YOUR VOIDED CHECK WHICH IS ATTACHED WILL BE USED FOR VERIFICATION PURPOSES. PLEASE MAKE SURE YOU USE THE ACCOUNT FROM WHICH YOU WANT TO HAVE YOUR ASSESSMENT WITHDRAWN.