

THE
VILLAGES
OF EASTRIDGE

Automatic Payment Authorization

Submit to: RCP Community Partners
633 E. Ray Road #122
Gilbert, AZ 85296
480-813-6788 Fax 480-545-6196

Date: _____

Contact Information Name: _____

Community: _____ **Email:** _____

Property Address: _____ **Telephone:** _____

To pay your association fees automatically when due, just complete, sign this authorization form, attach a voided check, and return to RCP 15 days before the payment is due.

Forms without a voided check cannot be processed.

Account Type: Please select one.

Checking Account

Savings Account

Bank Information:

Bank Name: _____

Bank Address: _____

I agree to and understand the following:

Initial

- My account balance must be \$0.00 to initiate automatic payment. _____
- This authority is to remain in full force and effect until Renaissance Community Partners has received **written notification** from account holder(s) of its termination in such time as to afford the association a reasonable opportunity to act on it. _____
- **I will notify RCP Community Partners by written notice of home sale and cancel automatic payment at least 10 business days before close of escrow.** _____
- Only the full assessment amount will be debited from my account. All other fines or fees must be remitted separately. _____
- The assessment amount will be debited from my account the first week when due. Quarterly assessments will be debited the first week of the quarter and monthly assessments will be debited the first week of the month. _____

Signature(s):

1st Account Holder & Homeowner

Full Name: _____

Signature: _____

Date: _____

Check here for Joint Account

2nd Account Holder (if applicable)

Full Name: _____

Signature: _____

Date: _____

Lot #: _____