



REQUEST FOR AUTOMATIC PAYMENT OF ASSESSMENTS

Thank you for your interest in Electronic Funds Transfer. Please fill out the following information to complete this request.

HOMEOWNER AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

I authorize the branch and the financial institution listed below to debit my bank account automatically for each association assessment billing period. **Note: Information below is required. If not provided, there will be delays in processing your direct debit request.**

Management Company Name: ASSOCIA MID-ATLANTIC, MCO-106

Homeowner Name: _____

Homeowner Account Number: _____

Association Name: HOLIDAY VILLAGE CSA

Address And Unit #: _____

City: _____ State: _____ Zip: _____

Direct Debit Start/Stop Date (MM/YYYY): _____ / _____

Homeowner Bank Name: _____

Homeowner Bank Routing Number: _____

Homeowner Bank Account Number: _____

CHECKING ACCOUNT – Include a voided check from the account you would like to debit

SAVINGS ACCOUNT – Include letter from bank that includes your full account number and routing number. **Statements will not be accepted.**

Only checks for US Banks will be accepted. Deposit slips cannot be used in place of a voided check.

Signature: _____ Date: _____

In order for funds to be pulled in time for next month's assessment, this form must be received no later than the 20th of the prior month. The automatic payment process will begin with your next assessment period once we have received your completed form and either your voided check or letter from bank that includes your full account number and routing number.

**Return by email: Scan and send this form and a voided check to:
csscdirectdebit@associa.us**

Return by mail:
Complete and send this form and a voided check to the following address:

 **OR** 

Associa
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