

MEADOWVIEW COMMUNITY ASSOCIATION
ASSOCIATION ASSESSMENTS - ELECTRONIC PAYMENT AUTHORIZATION

Association Name: **Meadowview Community Association #1**

Name on Property Deed: _____
(PLEASE PRINT)

Property Address: _____ Temecula, CA 92591

Daytime Phone: _____

Track _____ Lot _____
(Information will be provided by Association office)

Month to start: _____

Assessment Frequency: Quarterly

Current Assessment Amount: \$ 209.00 **

Dates to be charged: January 1st, April 1st, July 1st and October 1st
(If Sat, Sun or bank holiday, debit will occur on next business day)

Name of Bank: _____

Name(s) on Checking Account: _____

Attach voided check here:

I have included a voided check for information and hereby authorize my financial institution to debit my account in the name of Meadowview Community Association. In the event the homeowners association erroneously debits my account, I authorize the homeowners association to process debit or credit corrections to the amount, not to exceed the original ACH transmission amount. I understand that all transactions will appear on my bank statement under the description as designated by Meadowview Community Association. I realize the authorized auto debit will appear on my bank statement on the date and with the frequency specified on this form. In addition, I understand the auto debit will remain in force until I notify my association in writing at least 15 days prior to canceling the auto debit.

** I also give the association authority to change the auto debit amount as Association Assessment amounts change.

Signature: _____

Date: _____

Please return completed form to:

Meadowview Community Association
41050 Avenida Verde, Temecula, CA 92591