

# CARLWOOD CONDO HOA DIRECT PAYMENT AUTHORIZATION FORM

Property Address: \_\_\_\_\_

Billing Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

Use credit or debit card

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Debit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

*This payment method is the same as using your checking account*

The amount of \_\_\_\_\_ will be charged to your account on or around the 15<sup>th</sup> of each month.

Hopefully this will provide you with a more convenient way to pay your HOA monthly fee.

Thank You!

9 I would like to participate in the automatic monthly withdrawal for HOA.

This information will remain confidential and will not be shared or used for anything other than the payment of the Carlwoodcondo HOA fee payment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

YOU CAN EMAIL ME WITH UPDATES [kathylmcgraw@aol.com](mailto:kathylmcgraw@aol.com)

Thank You!