Oceans West One Condominium Association, Inc.

CREDIT CARD/ ACH PAYMENT AUTHORIZATION

UNIT NUMBER _____ **DATE** _____

I,_____ (Owner), authorize Oceans West One Condominium Association, Inc. (Merchant) to charge my (check one) ☐ Credit Card (Fees Apply) ☐ Bank Account for $_____ on the following basis:

☐ One-Time (single transaction)

☐ Recurring on the 1st day of each month

This payment is for the following: _____

BILLING INFORMATION

Billing Address: _____

Phone: _____ Email: _____

PAYMENT INFORMATION

☐ Credit/Debit Card – 3.5% Convenience Fee

Card Type: ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Card Number: _____

Expiration:_____ (mm/yy) CVV: _____ Billing Zip: _____

☐ BANK (ACH)

Account Type: ☐ Checking ☐ Savings

Name on Account: _____ Bank Name _____

Routing #:_____ Account #: _____

By signing below, you authorize Merchant to make debit entries in the form of ACH transfers to Merchant's Bank Account in accordance with this payment authorization. You acknowledge that the origination of ACH transactions to your account must comply with the provisions of U.S. Law and the Rules of the National Automated Clearing House Association. You request that the financial institution that holds the account honor the debit entries that the Merchant initiates under this authorization.

Recurring payments will be deducted monthly from your designated account on the specified date. If your specified date falls on a weekend or banking holiday, your payment will be deducted on the following business day. If there are insufficient funds in your account, Merchant may charge a fee and debit your account for the payment when sufficient funds are available. You may cancel this authorization by sending written notice to the office of the Association. The Association must be notified of cancellation at least 10 days prior to the payment due date.

Authorized Signature: _____ Date: _____

Printed Name: _____