



Green Valley
VILLAS WEST

Condominium Association
PO Box 120, Green Valley, AZ 85622
(520)393-7891 - fax (520)393-7893

PREAUTHORIZED ASSESSMENT PAYMENT AGREEMENT

Name: _____

Name: _____

Villa address ("Property"): _____ Phone _____

Billing address (if different): _____ Phone _____

Villa Account/Lot Number: _____ **Effective with _____ payment**

The undersigned authorize(s) the Green Valley Villas West Condominium Association ("Association") to debit the account indicated below for monthly Association assessments for the Property **in the amount of \$**_____ on the fourth day of each month or shortly thereafter. I (we) understand that if the financial institution at which my (our) account is located refuses to honor any monthly debit from my (our) account for any reason or a trustee's sale is noticed against the Property, the payment plan will terminate automatically and I (we) will be required to pay any remaining balance on the Property's account (including applicable interest and/or late fees) within ten (10) days by certified funds. I (We) also understand that if I (we) transfer ownership or refinance the Property, this payment plan will terminate automatically and I (we) must pay the balance due on the Property's Account (including applicable interest and late fees) in full at or before the close of escrow or transfer of ownership. Should any special assessment be levied by the Association against the Property, I (we) understand that I (we) will be responsible for payment of such assessment in full in addition to my (our) obligations under this agreement.

I (We) have the right to terminate this agreement by written notification to the financial institution listed below and the Association. I (We) understand that termination of this agreement could cause the Property account to be in arrears resulting in applicable interest and/or late fees and legal action by the Association.

Bank Name: _____
Bank Routing No.: _____ Bank Account No.: _____
Name(s) as shown on account: _____
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

PLEASE ATTACH A VOIDED CHECK TO THIS FORM!

By signing below, I (we) agree to all terms and conditions of this Preauthorized Assessment Payment Agreement.

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____