

THE  
**VILLAGES**  
OF EASTRIDGE

*Automatic Payment Authorization*

Submit to: Renaissance Community Partners  
633 E. Ray Road #122  
Gilbert, AZ 85296  
480-813-6788 Fax 480-545-6196

Date: \_\_\_\_\_  
Account #: \_\_\_\_\_

**Contact Information Name:** \_\_\_\_\_

**Community:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

To pay your association fees automatically when due, just complete, sign this authorization form, attach a voided check, and return to Renaissance 45 days before the payment is due.

**Forms without a voided check cannot be processed.**

**Account Type:** Please select one.

**Checking Account**

**Savings Account**

**Bank Information:**

**Bank Name:** \_\_\_\_\_

**Bank Address:** \_\_\_\_\_

**I agree to and understand the following:**

**Initial**

- My account balance must be \$0.00 to initiate automatic payment. \_\_\_\_\_
- This authority is to remain in full force and effect until Renaissance Community Partners has received **written notification** from account holder(s) of its termination in such time as to afford the association a reasonable opportunity to act on it. \_\_\_\_\_
- **I will notify Renaissance Community Partners by written notice of home sale and cancel automatic payment at least 10 business days before close of escrow.** \_\_\_\_\_
- Only the full assessment amount will be debited from my account. All other fines or fees must be remitted separately. \_\_\_\_\_
- The assessment amount will be debited from my account the first week when due. Quarterly assessments will be debited the first week of the quarter and monthly assessments will be debited the first week of the month. \_\_\_\_\_

**Signature(s):**

**1<sup>st</sup> Account Holder & Homeowner**

Full Name: \_\_\_\_\_

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

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

**Check here for Joint Account**

**2<sup>nd</sup> Account Holder (if applicable)**

Full Name: \_\_\_\_\_

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

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

**Lot #:** \_\_\_\_\_