

Skyline House Unit Owners' Association
Authorization Agreement for Preauthorized Payments

(Direct Debit)

Complete and sign this form. The return it to the Skyline House Unit Owners' Association Accounting Office

I/We hereby authorize Skyline House Unit Owners' Association (here after referred to as SHUOA), to initiate debit entries and/or correction entries for Unit Number _____, to our bank, credit union, other financial institution or credit card named below, (here after referred to as the Depository):

Depository Information:

Please select one

Personal Checking Account: ☐

Business Checking Account: ☐

Savings Account: ☐

First Name

Last Name

Name on the Account

Depository Name**

Branch

Routing Number

Account Number

**Attach a voided check with the routing number and account number. Do not attach a deposit slip.

Credit Card Information: Credit: ☐ Debit: ☐ (A credit card transaction fee of 3.5%, plus a \$0.00 processing fee will apply to all payments made by this method. Example: (\$100.00 x 3.5%) + \$0.00 = \$103.50.)

First Name as it appears on the Card

Last Name as it appears on the Card

Card Number (15-16 digits)

Card Type (Visa, Master Card, Discover, Amex)

Expiration Date

Security Code

Credit Card Billing Address:

Number

Street or PO Box

Apt/Unit#

City

State

Zip

Country

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In the amount of:

Please select one

- ☐: **Auto Pay for Recurring Charges Only:** The Current monthly condominium fee and all other recurring monthly fees, such as, but not limited to, parking and storage rental. (I authorize SHUOA to increase the direct debit amount annually as required in future years to accommodate increases in the condominium and other monthly recurring fees in accordance with SHUOA's governing documents.)
- ☐ **Pay Current Balance** This would be for the full balance due each month. This will include the recurring monthly fees outlined above and all other fees, such as but not limited to, work order charges, late fees and any other fees charged to your condominium account during any given month. (I authorize SHUOA to increase the direct debit amount annually as required in future years to accommodate increases in the condominium and other monthly recurring fees in accordance with SHUOA's governing documents.)

I/We understand that debits shall be processed on the 5th of each month. If the 5th falls over a weekend, the debits will be processed the following Monday. If the 5th falls on a holiday the debits will be processed the next business day.

Returned Debits: I/We understand and agree that returned debits shall be subject to a return item fee. I/we understand and agree this fee shall be charged to my/our account. Currently this fee is Thirty-Five Dollars (\$35.00) and I/we understand and agree the fee is subject to change. Further, I/we understand and agree SHUOA shall charge my/our account for any fees charged to SHUOA by your Depository and/or SHUOA's bank for returned items. I/we authorize SHUOA to draw all fees related to returned items to be drawn through this direct debit authorization.

This authorization shall remain in effect until SHUOA receives written notification from me/us of its termination in such time and manner as to afford SHUOA and the Depository reasonable opportunity to act upon it, or you login to the TOPS PAY portal and change it or terminate it.

| | |
|--------------------|--|
| _____ Name | () - _____ Phone Number |
| _____ Signature | _____ Date |
| _____ Name | () - _____ Phone Number |
| _____ Signature | _____ Date |