



## OPTIONS FOR PAYING ASSESSMENTS

### Direct Debit (also known as Automatic Debit)

With Automatic Debit, your assessment is automatically debited from your checking or savings account each month at no cost to you. To sign up, complete the Auto Debit of Assessments Form attached to this letter and return by mail or email to the address shown.

### Online Payment

You may pay online by credit card or e-check (convenience fees will apply\*). You may choose to make a one-time payment or set up recurring payments. Visit [www.townsq.io](http://www.townsq.io) – you will need your account number and zip code to register.

### By Mail

You may mail a check or money order payable to your community, noting your account number in the memo area, to the following address:

“Enter name of your Community”  
C/O Associa – Community Management Professionals  
P. O. Box 66368  
Phoenix, AZ 85082-6368

\*Convenience fees may apply as follows:

- For e-check: \$2.95 flat fee
- For credit card: \$2.95 + 3.5% of transaction amount

\*Please note that convenience fees are subject to change without notice and fees will be shown before you finalize and submit your payment transaction online.



# REQUEST FOR AUTOMATIC PAYMENT OF ASSESSMENTS

Thank you for your interest in Electronic Funds Transfer. Please fill out the following information to complete this request.

## HOMEOWNER AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

I authorize the branch and the financial institution listed below to debit my bank account automatically for each association assessment billing period. **Note: Information below is required. If not provided, there will be delays in processing your direct debit request.**

Management Company Name: \_\_\_\_\_

Homeowner Name: \_\_\_\_\_

Homeowner Account Number: \_\_\_\_\_

Association Name: \_\_\_\_\_

Address And Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Direct Debit Start/Stop Date (MM/YYYY): \_\_\_\_\_ / \_\_\_\_\_

Homeowner Bank Name: \_\_\_\_\_

Homeowner Bank Routing Number: \_\_\_\_\_

Homeowner Bank Account Number: \_\_\_\_\_

- CHECKING ACCOUNT** - Include a voided check from the account you would like to debit
- SAVINGS ACCOUNT** - Include letter from bank that includes your full account number and routing number. **Statements will not be accepted.**

*Only checks for US Banks will be accepted. Deposit slips cannot be used in place of a voided check.*

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

*In order for funds to be pulled in time for next month's assessment, this form must be received no later than the 20th of the prior month. The automatic payment process will begin with your next assessment period once we have received your completed form and either your voided check or letter from bank that includes your full account number and routing number.*

**Return by email: Scan and send this form and a voided check to:  
csscdirectdebit@associa.us**

**Return by mail:**

Complete and send this form and a voided check to the following address:



**Associa**

1225 Alma Rd., Suite 100  
Richardson, Texas 75081

*Delivering unsurpassed management and lifestyle services to communities worldwide.*