



OCEANSIDE COMMUNITY ASSOCIATION

550 Vista Bella Oceanside, CA 92057
Telephone 760.757.3937 FAX 760.757.8177

Dear Oceanside Community Association Resident:

ACH "Auto Debit" is processed on or about the 10th of each month. Should the 10th fall on a weekend or holiday, your "Auto Debit" will be processed the next business day. Your account must be current to be eligible for ACH.

Non-recurring amounts, such as late charges, fines, and all other amounts charged to your account, will not be drafted and must be paid by check. The amount of your "Auto Debit" will increase or decrease automatically based on an increase or decrease to the assessment and land sublease charges. You will continue to receive statements to keep you informed of your account status. All one time special assessments must be paid by check. If you have a special assessment that is billed monthly, this amount will be included in your "Auto Debit" monthly amount.

A voided check must be stapled to the enrollment form and the completed form must be received no later than the 25th of the month so that your account can be set up for the "Auto Debit" on the 10th of the following month. All enrollment forms received after the 25th will be delayed an additional month.

Requests to change bank information or to discontinue "Auto Debit" must be received in writing by the last day of the month. A draft dishonored by your bank will add additional charges to your account. If a draft is dishonored more than once, you will be discontinued from the "Auto Debit" option. Requests to be reinstated will be subject to a set-up fee of \$5.00.

Please complete and return the enrollment form to:

Oceanside Community Association
550 Vista Bella
Oceanside, CA 92057

**HOMEOWNER AUTHORIZATION AGREEMENT FOR DIRECT
PAYMENTS**

(ACH DEBITS)

BY OCEANSIDE COMMUNITY ASSOCIATION

I(we) hereby authorize **Oceanside Community Association** to initiate debit entries to my(our) checking account at the financial institution identified on the attached check and to debit the same to such account. I(we) acknowledge that the amount debited will automatically change in the event of any increase or decrease in the regular monthly assessment or land sublease charge.

Current Monthly Payment Amount \$ _____

This authorization will remain in full force and effect until the Association has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Association a reasonable opportunity to act on it.

Name _____

Name _____

Your Association Acct # _____

Property Address _____

Mailing address (if different from Property address) _____

Email Address _____

Phone _____ Date _____

Signature _____ Signature _____

Comments/Remarks _____

***You must provide a voided check with this application.**