

## Payment Option Form

Resident's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Number: \_\_\_\_\_

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

Please check one of the following payment options for your monthly assessment:

- Check
- Automatic Withdrawal – Please forward a voided check to the accounting department (Please choose an Automatic withdrawal date:  
 1<sup>st</sup> or  7<sup>th</sup>)
- On Line Bill Pay (Done through your bank)

Resident's Signature: \_\_\_\_\_