



## Regent Association Services

### Agreement for Preauthorized Payments (AutoPay)

#### New Account Information

#### Update Account Information

I hereby authorize \_\_\_\_\_ ("Name of Association") to initiate debit entries to my Checking/Savings account ("my Account") on the 10<sup>th</sup> of each month (or the next business day if the 10<sup>th</sup> is a weekend day or legal holiday). This debit entry will be in the amount of the current assessment and/or special assessment, due and payable to the above Association. On behalf of the Association, Financial Institution ("Association's bank of record") will debit my Account identified below:

Homeowner's Name \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Homeowner's Address \_\_\_\_\_

Homeowner's City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Homeowner's Bank's Name \_\_\_\_\_

Homeowner's Bank Account Number # \_\_\_\_\_

Homeowner's Bank's Routing & Transit / ABA # \_\_\_\_\_

Homeowner's Assessment Amount \_\_\_\_\_

Name of Association's Management Company **Regent Association Services**

Homeowner's Association Account # \_\_\_\_\_

Homeowner's Email address for confirmation \_\_\_\_\_

This authority shall remain in full force and effect until the Association (Regent Association Services) and/or the Bank have received written notification from me of its termination in such time and in such manner as to afford the Association (Regent Association Services) and/or the Bank a reasonable opportunity to act on it. I understand and agree that (a) the Assessment Amount may change periodically ("Changed Assessment Amount"); (b) either I, the Association, or the Association's Management Company named above will inform the Bank of the changed Assessment Amount; and (c) the Bank will thereafter initiate future debit entries in the Changed Assessment Amount to my Account.

**\*\* This signed document and copy or voided check must be received by Regent Association Services prior to the 1<sup>st</sup> of the month to be valid for your current assessment \*\***

Homeowner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ATTACH HOMEOWNER'S VOIDED CHECK HERE:**

#### PLEASE RETURN TO:

Regent Association Services  
2740 N. Grand Ave. – Suite 200  
Santa Ana, CA 92705

Attention: ACH Program

**Or Fax to:** 714-634-7565

**Or Email to:** [vsalgado@regentcmc.com](mailto:vsalgado@regentcmc.com)

(Rev 01/15-A)