



RECURRING PAYMENT AUTHORIZATION FORM

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

I _____ authorize RIO BRAVO COMMUNITY ASSOCIATION to charge my checking / savings account and / or credit card indicated below for regular monthly assessment; or amount of \$_____ on the _____ of each MONTH for payment of my association account.

Property Address:

Billing Address:

City, State, Zip Code:

Contact Number:

E-mail Address:

CHECKING / SAVINGS ACCOUNT		CREDIT CARD	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	
Name on Account		Cardholder Name	
Bank Name		Account Number	
Account Number		Expiration Date	
Bank Routing #		Security Code	
Bank City/State			

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify RIO BRAVO COMMUNITY ASSOCIATION of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF), I understand that RIO BRAVO COMMUNITY ASSOCIATION may at its discretion attempt to process the charge again within 30 days. I agree to an additional \$25.00 charge for each attempt of the returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/ bank account and will not dispute these scheduled transactions with my bank or credit card company, so long as the transactions correspond to the terms indicated in this authorization form.

Payments processed using Intuit Quickbooks

