

HOMEOWNER'S HAVE SEVERAL WAYS TO PAY THEIR ASSOCIATION FEES:

MofO

1) **Have payments automatically debited from a US bank checking account.**

- * THERE IS NO CHARGE FOR THIS PREFERRED METHOD OF PAYMENT
- * THERE IS NO LATE FEE ASSESSED
- * ACCOUNT BALANCE MUST BE ZERO PRIOR TO NEXT SCHEDULED WITHDRAW DATE
- * WITHDRAW DATE: BETWEEN 5TH - 10TH OF MONTH DUE

- A) Complete the authorization form below by 15th day of current month for processing to begin the following month.
- B) Return the completed form & a "VOID" check to Spires & Associates via:
 - **U. S. Mail **Scan & Email **FAX

2) **Send check & coupon via U. S. Mail.**

* IN ORDER TO EXPEDITE PAYMENTS ACCURATELY, PLEASE BE SURE TO:

- A) Make check payable to your association .
- B) Note your association's full account number on the "MEMO" line on the face of the check.
- C) Remit payments to "PO Box 63484, Phoenix, AZ 85082-3484".

NOTE: ** DO NOT SEND POST DATED CHECKS **

3) **On-line banking through your personal bank.**

* IN ORDER TO EXPEDITE PAYMENTS ACCURATELY, PLEASE INSTRUCT YOUR BANK TO:

- A) Make check payable to your association.
- B) Note your association's full account number on the "MEMO" line on the face of the check.
- C) Remit payments to "PO Box 63484, Phoenix, AZ 85082-3484".

NOTE: ** DO NOT SEND POST DATED CHECKS **

4) **Make payments online.** *Please use the information on your original coupon to make your on-line payment.*

* Go to www.MutualOfOmahaBank.com * click on the tab

* select payment type (e-check or credit card)

* for a one-time payment click "Make Payment"

~ or ~

* to schedule regular payments click "Create an Account"

* Then simply fill in the information.



"GO"

Pre-authorized Electronic Payment Authorization Form
(Please print in BLACK ink)

ASSOCIATION NAME: _____

ASSOCIATION PROPERTY ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

ASSOCIATION ACCOUNT NUMBER (located on coupon): _____

MAILING ADDRESS (if different from property): _____ CITY: _____ STATE: _____ ZIP: _____

NAME(S) LAST: _____ FIRST: _____ MI: _____ // LAST: _____ FIRST: _____ MI: _____

HOME PH: _____ CELL PH: _____ EMAIL: _____

ACH DATE: Between 5th - 10th of Month Due

I hereby authorize SPIRES & ASSOCIATES, PA, as agent for the association named above to initiate debit entries to my checking/savings account. This authority is to remain in full force and effect until SPIRES & ASSOCIATES, PA has received written notification from me of its termination in such manner as to afford SPIRES & ASSOCIATES, PA a reasonable opportunity to act upon it.

X
SIGNATURE _____ DATE _____

RETURN THE COMPLETED FORM & VOID CHECK VIA:

* U.S. MAIL: Spires & Associates, P.A.; 12734 Kenwood Lane, Suite 25; Fort Myers, FL 33907 (for ACH set-up only ** DO NOT MAIL PYMTS HERE)

* E-Mail: Kim@SpiresAssociates.com

* FAX: (239) 936-4941