

**IF YOU WISH TO PARTICIPATE IN DIRECT DEBIT FOR YOUR ASSOCIATION FEE, PLEASE COMPLETE AND RETURN THIS FORM TO:**

**CHAPARRAL ESTATES EAST HOMEOWNERS ASSOCIATION**  
PO BOX 11330  
TEMPE AZ 85284-0023  
(480) 345-0046

**AUTHORIZATION FOR AUTOMATIC PAYMENT**

I authorize Chaparral Estates East Homeowners Association to set up an Automatic Assessment Payment Service for me and to initiate electronic fund transfers to pay the quarterly assessment for the homeowner(s) listed below:

**A voided check must be attached.**

HOMEOWNER(S) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LOT NO: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

I also authorize the financial institution named below to accept the fund transfers and charge my checking or savings account shown below to pay the Chaparral Estates East Homeowners Association quarterly assessment or to credit my account if it is necessary to make corrections:

FINANCIAL INSTITUTION: \_\_\_\_\_

BRANCH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

TYPE:                     CHECKING                     SAVINGS

SIGNATURE ON ACCOUNT: \_\_\_\_\_

**YOUR VOIDED CHECK WHICH IS ATTACHED WILL BE USED FOR VERIFICATION PURPOSES. PLEASE MAKE SURE YOU USE THE ACCOUNT FROM WHICH YOU WANT TO HAVE YOUR ASSESSMENT WITHDRAWN.**