

WATERGATE COMMUNITY ASSOCIATION
8 Captain Drive, Emeryville, CA 94608
EFT Authorization for Automatic Assessment Payment Service

New

Change

Homeowner Information

Name (Last)	Name (First)	Name (M.I.)
Property Address <p style="text-align: center;">Emeryville, California 94608</p>		
Home Phone Number	Work Phone Number	
Mailing Address (if different from above)	Monthly Assessment Amount \$	

Depository Information

Financial Institution Name	Financial Institution Phone Number
Financial Institution ABA Routing Number (9 Digits)	Account Number
Account Type: () Checking () Savings	

ATTACH A VOIDED CHECK HERE

(to insure accuracy of the financial institution information)

No deposit slip, please.

Authorization

I authorize the Watergate Community Association to debit my bank account number listed above for the amount of my monthly assessment. This agreement also authorizes the WCA to debit such bank account on the 8th of each month until this agreement is terminated by me. I further authorize the WCA to adjust the amount debited from my bank account to correspond to periodic change in the assessment amount. This authorization shall remain in effect until the WCA receives written request from me to stop or to change the automatic assessment payment service.

Homeowner's signature: _____ **Date:** _____

Bank account holder's signature: _____ **Date:** _____
(if different from homeowner)

Automatic payment beginning month: _____
(Please allow one week for service set-up)