

Shadow Bend Condominium Association of Scottsdale
668 N. 44th St., Ste. 256-E
Phoenix, AZ 85008
Phone: 602-863-3600 | Fax: 480-393-4361
www.360propertymgmt.com

AUTHORIZATION AGREEMENT FOR DRAFT

I (we) hereby authorize 360 Community Management to draft against my account for the payment of Association dues on the **first (1st) day of the month**. I understand that this authority shall remain in full force and effective until written notification is received from you of this termination and such time and in such manner as to afford the association a reasonable opportunity to act on it. If I am notified that Association dues are going to increase, I understand that my draft will automatically increase at the time listed in the notice. This form will authorize us to withdrawal the amount of the monthly assessment ONLY from your account. Fines, late fees, legal fees, administration fees, or any other charges on your account other than the monthly assessment will be your responsibility to pay. Bank accounts are subject to a \$35.00 returned item fee if the funds are not available in your account when payment is withdrawn.

OWNER'S NAME(S) ON ACCOUNT: _____

PROPERTY ADDRESS: 2938 N. 61st Place # _____, Scottsdale, AZ 85251

HOMEOWNER'S ACCOUNT # (specific to the above property): _____

NAME OF FINANCIAL INSTITUTION: _____

PLEASE CHECK TYPE OF ACCOUNT: CHECKING SAVINGS

BANK ROUTING #: _____

BANK ACCOUNT #: _____

EFFECTIVE DATE: _____

**Withdrawals are made on the first (1st) of the month only. Any past due amounts WILL NOT be withdrawn and must be paid using another form of payment.*

ATTACH A VOIDED CHECK WITH THIS AGREEMENT

SIGNATURE: _____ DATE: _____