



PLEASE RETURN TO:
 R-RANCH AT THE LAKE
 1962 CAPELL VALLEY RD.
 NAPA, CA 94558

Authorization Agreement for Preauthorized Payments (CHECKING)

New Account Information Change Account Information Owners Share # _____

I hereby authorize R-Ranch at the Lake, ROA (Association) to initiate debit entries to my Checking/Savings account ("my Account") on or around the 10th of each month (or the next business day if the 10th is a weekend day or legal holiday). This debit entry will be in the amount of the current assessment, due and payable to the above Association. On behalf of the Association, Chase Bank, will debit my Account identified below.

Owner's Name _____ Daytime Phone # _____

Owner's Address _____ City _____ State _____ Zip _____

Owner' Bank Name _____ Account# _____ Routing# _____

Amount to deduct \$ _____ Frequency(circle): One-Time/Monthly /Quarterly/Semi-Annual/Other _____

Start Date _____ Good Until Cancelled _____ Or choose end date _____

(A late fee will apply to payment made after January 15th, 2020. Interest on ANY delinquent payment in the amount of 10% may be applied to balances greater than 60 days)

Management Company: R-Ranch at the Lake, R.O.A.

This authority shall remain in full force and effect until the Association and/or the Bank have received written notification from me of its termination in such time and in such manner as to afford the Association and / or the Bank reasonable opportunity to act on it.

Owner's Signature _____ Date _____

ATTACH VOIDED CHECK HERE:



I understand that this authorization will remain in effect until I cancel it, and I agree to notify RRanch at the lake 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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 R Ranch at the lake may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35.00 charge for each attempt 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.



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Recurring Payment Authorization Form (CREDIT CARD)

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us. **PLEASE NOTE: ALL MONTHLY PAYORS (ONLY THOSE GRANDFATHERED IN) MUST BE ON A RECURRING BILLING WITH A CREDIT CARD, OR ALTERNATIVELY AN ACH DEBIT.) BOTH OPTIONS REQUIRE TO BE MANAGED THROUGH THE ROA OFFICE. CREDIT CARD PAYMENTS MUST BE SET UP TO DEBIT ON OR BEFORE THE MONTH IN WHICH THE PAYMENT IS DUE. CREDIT CARD PAYMENT CONVENIENCE CHARGE APPLIES AS OUTLINED IN THE CURRENT YEAR COLLECTION POLICY. DECLINED PAYMENTS WILL RESULT IN ACCELERATED ASSESSMENTS (ENTIRE ASSESSMENT WILL BECOME DUE IMMEDIATELY).**

CUSTOMER NAME/COMPANY: R-RANCH AT THE LAKE RANCH OWNERS' ASSOCIATION
 CONTACT EMAIL: Office@rranch.info

I AUTHORIZE R-RANCH AT THE LAKE RANCH OWNER'S' ASSOCIATION TO AUTOMATICALLY BILL THE CARD LISTED BELOW AS SPECIFIED:

PRODUCT DESCRIPTION (PLEASE CIRCLE ONE OR BOTH)

OTHER PRODUCT (I.E. DELINQUENT BALANCES, FINES, FEES)

ASSESSMENT RECURRING AMOUNT \$ _____

FREQUENCY(CIRCLE): ONE-TIME / MONTHLY /SEMI-ANNUALLY /QUARTERLY

START DATE (MUST BE ON OR BEFORE THE 15TH) ____/____/____

GOOD UNTIL CANCELLED OR SELECT END DATE ____/____/____

NAME AS IT APPEARS ON THE CARD _____

CARDNUMBER _____ **EXP** ____/____

BILLING ZIP _____ **3 DIGIT CODE** _____

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