



**AUTOMATIC PAYMENTS (ACH DEBITS)
AUTHORIZATION FORM**

OWNER INFORMATION

Name: _____ email: _____
NCCA Address: _____ Lot #: _____

DEPOSITORY FINANCIAL INFORMATION

Checking Savings
Bank Name: _____
Name on Account: _____
Routing #: _____
Account #: _____

***YOU MUST INCLUDE A VOIDED CHECK OR SAVINGS DEPOSIT SLIP.**

AUTHORIZATION

I hereby authorize Newtown Crossing Community Association, hereinafter called NCCA, to initiate electronic fund transfers from the above indicated depository financial institution for the payment of my homeowners association fees, as reflected on my quarterly statement. This authorization will remain in effect until I provide NCCA with written notification of its cancellation, allowing NCCA sufficient time to process the cancellation. By providing your email address, you consent to receive your quarterly statements electronically.

Check here to authorize a one-time payment to settle your current balance.

Signature: _____ Date: _____

Instructions:

- Complete all sections of the form.
- Include a voided check/savings deposit slip
- Email this form and image of voided check to: cpotts.ncca@gmail.com