

Port Warren HOA & MOA
CREDIT CARD AUTOMATIC WITHDRAWAL AUTHORIZATION

Purpose of Authorization: (check one)

- New Authorization Change to Existing Authorization Cancellation
(Complete A,B and C) (Complete A,B,C and D) (Complete A and E)

A Customer Information

Customer's Name (please print) _____ Condo and or Slip Number _____

Address _____ City, State, Zip _____

Email _____ Phone _____

B Credit Card Information

Name on card _____ Phone Number _____

Credit Card Billing Address _____ City,State,Zip _____

Credit Card Type (Visa/Amex/MC) _____ Expiration Date _____

Credit Card # _____ CVC (on back) _____

C New Authorization Statement

I authorize and request Port Warren HOA/MOA to use the credit card listed above to make my monthly payment in the amount of \$_____ for the HOA and \$_____ for the MOA. Garbage and parking yearly fee will be included once a year in April for owners only owning slips. **Fee increases will be automatically updated for payments.** Condo owners' dog fee's will also be automatically included monthly. I also understand I may discontinue this authorization at any time by giving written notice to Port Warren HOA/MOA. I realize this information will be used solely for the purpose of consumer withdrawal. Special assessments will not be charged automatically unless in writing. **A 3% fee of the total charge will be added to each credit card payment.**

Customer's Signature _____ Date _____

D Change Authorization Statement

I authorize and request Port Warren HOA/MOA to make the changes indicated on this form for automatic withdrawal for monthly payment to my account.

Customer's Signature _____ Date _____

E Cancellation Statement

I request Port Warren HOA/MOA to terminate my authorized automatic withdrawal for payment to my account. I will allow a reasonable time for Port Warren HOA/MOA to act upon my request to terminate this agreement.

Customer's Signature _____ Date _____
