

**STONECLIFF HOMEOWNERS ASSOCIATION
ELECTRONIC BANK ACCOUNT PAYMENT
AUTHORITY FOR MONTHLY ASSESSMENTS**

Accounting Office: Adams Hafen & Co., 1086 S. Main Street, #201, St George UT 84770
Phone 435-673-6156 Fax 435-673-3900

I/WE _____ (print name) Phone # _____

Address _____ Alternative # _____

Lot # or Stonecliff address if different from above _____

I/We hereby authorize an automatic debit to my/our bank account each month in payment of the monthly Stonecliff Homeowners Association monthly assessment. If there is any change in the amount of the monthly assessment amount then it is understood and agreed that the new amount will replace the existing amount now authorized unless the accounting office is notified as below.

The authorization will be submitted to the paying bank prior to the 10th of each month and will cause the Electronic Debit to occur on or after the 3rd day of the following month and each month thereafter until this authorization is cancelled. Any cancellation must be in writing and sent to the accounting office at least 15 days before the next payment is due.

Any change in the amount would be notified to all Homeowners and if those agreeing to payment by this authorization do not wish to accept the change going forward they must notify the accounting office in writing within 10 (ten) days of the notice.

This authorization does not cover late fees, special assessments, etc., and in the event of the bank account not having sufficient funds then this authorization terminates and the Homeowner will then be billed by an invoice and make future payments on that basis.

Print Name of Bank account _____ Account # _____

Branch _____

Sign _____ Date ___/___/___

Sign _____ Date ___/___/___

ATTACH BELOW VOIDED CHECK :