

MONTHLY ASSESSMENT DIRECT PAY FORM

By completing this form, you are giving Caring Touch Association Management permission to debit your account monthly for the amount of the current monthly condo assessment.

NAME _____ ASSOCIATION _____

UNIT ADDRESS _____

BANK _____ ROUTING # _____

ACCOUNT # _____ TYPE: CHECKING SAVINGS

****If you are using a checking account, please send a voided check or a copy of a cancelled check. If you are using a savings account, please send a deposit slip or other form of proof that the account belongs to you****

ALL DIRECT PAY ASSESSMENTS WILL BE PULLED ON THE 5TH OF THE MONTH IN WHICH IT IS DUE. IF THE 5TH FALLS ON A SATURDAY OR SUNDAY, IT WILL BE PULLED ON MONDAY. THANK YOU!