

**O.O. (Old Orchard) Community Association, Inc
2019 Payment Plan Agreement**

(Address)

Contact Number: _____

Contact Email: _____

Maintenance Fees are due January 1st. In order to avoid being charged finance charges, the Association must receive the entire balance due on the account by January 31st. **Please note that payment plans are not to exceed June 30, 2019.**

By signing this agreement, I am entering into a:

- () month **Payment Plan Agreement**, with the first payment being due no later than **2/28/2019**.
Installments of \$ per month.
- **Account is to be paid in full no later than June 30, 2019.**
- **All recurring payments being due no later than the 30th/31st of each consecutive month.**

I UNDERSTAND THAT MY ACCOUNT WILL BE CHARGED A REALMANAGE ADMINISTRATIVE FEE OF \$31.25 PER MONTH, AND MUST BE PAID IN ADDITION TO MY MONTHLY PAYMENTS, IN ORDER FOR THIS AGREEMENT TO REMAIN IN AFFECT.

Owner to begin making monthly payments as soon as the form is completed and returned to RealManage. If an owner fails to make a payment to the Association in accordance with this plan, then the owner shall be in default of the Payment Plan Agreement, at which point the Payment Plan Agreement shall automatically become void, and subject to late fees/interest/collection/legal fees. Legal collection proceedings may commence upon default of payment plan.

You may make credit card payments online through the resident portal on www.realmanage.com, please note there is a \$14.95 fee for this service.

Please make check payable to: O.O. (Old Orchard) Community Association, Inc.

Mail payment to: O.O. (Old Orchard) Community Association, Inc.
c/o RealManage
PO BOX 803555
Dallas, TX 75380

To ensure proper credit towards your account **please include your address and account number as listed on your statement.*

Homeowners must return this signed form to OLDORCH@Ciramail.com or by fax at 281-582-6400 (Attn: Manager of Old Orchard). The form must be received via email, fax, or mail.

Owner Signature: _____ Owner Name Printed: _____

Address: _____ Date: ___/___/2019

Internal Use Only:

Payment Plan Set-Up Date: _____

1) _____

2) _____

3) _____

4) _____

5) _____

Collections Suspended

BB