



Regent Association Services

Agreement for Preauthorized Payments (AutoPay)

New Account Information

Update Existing Account Information

I hereby authorize _____ (“Name of Association”) to initiate debit entries to my Checking/Savings account on the 10th day of each month of the association’s billing cycle (or the next business day if the 10th is a weekend day or legal holiday). It is agreed that the initial debit shall clear any outstanding balance of referenced association account. Future debit entries will be in the amount of the current assessment and/or special assessment, due and payable to the above Association. On behalf of the Association, Financial Institution (“Association’s bank of record”) will debit my Account identified below:

Homeowner’s Name _____ Daytime Phone # _____

Property Address _____

Property City _____ State _____ Zip _____

Mailing Address (if different from above) _____

Mailing City _____ State _____ Zip _____

Homeowner’s Bank’s Name _____

Homeowner’s Bank Account # _____

Homeowner’s Bank’s Routing & Transit / ABA # _____

Homeowner’s Assessment Amount _____

Name of Association’s Management Company **Regent Association Services**

Homeowner’s Association Account # _____

Homeowner’s Email address for confirmation _____

This authority shall remain in full force and effect until the Association (Regent Association Services) and/or the Bank have received written notification from me of its termination in such time and in such manner as to afford the Association (Regent Association Services) and/or the Bank a reasonable opportunity to act on it. I understand and agree that (a) the Assessment Amount may change periodically (“Changed Assessment Amount”); (b) either I, the Association, or the Association’s Management Company named above will inform the Bank of the Changed Assessment Amount; and (c) the Bank will thereafter initiate future debit entries in the Changed Assessment Amount to my Account.

**** This signed document and copy of or voided check must be received by Regent Association Services prior to the 1st of the month to be valid for your current assessment ****

Homeowner’s Signature _____ Date _____

ATTACH HOMEOWNER’S VOIDED CHECK HERE:

PLEASE RETURN TO:

Regent Association Services
2740 N. Grand Ave. – Suite 200
Santa Ana, CA 92705
Attention: ACH Program

Or Fax to: 714-634-8154

Or Submit via your association web portal using the secure “Contact Us” web form after login

(Rev 05/17-A)