



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/regular debit(s) 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, or outstanding balance 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 _____ Home Cell _____

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
180 S. Prospect Avenue – Suite 200
Tustin, CA 92780
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 02/20-sl)