



## Electronic Check/Credit Card

### Payment Authorization Form

Sign and complete this form to authorize Plaza Del Prado Condominium Association Inc. to make a one-time electronic check payment (ACH-debit) or debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account unless indicated otherwise below.

#### Please complete the information below:

I \_\_\_\_\_ authorize Plaza Del Prado to charge my credit card or complete an ACH-debit to  
(full name)  
the indicated below for \_\_\_\_\_ on or after \_\_\_\_\_ for unit/tower \_\_\_\_\_.  
(amount) (date)

This payment is for \_\_\_\_\_  
(description of goods/services)

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
(for receipt)

Billing Address (if not same as unit): \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

#### Electronic Check (ACH-debit): *No Fee*

Type of Account: ☐ Checking ☐ Savings ☐ Business Checking ☐ Business Savings

Name on Account: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

#### Credit Card Payment: *Fees Apply* Minimum \$3.00 or:

Account Type: ☐ Visa \$29.38 ☐ MasterCard 3.25% ☐ AMEX 3.25% ☐ Discover 3.25%

Cardholder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.