

AUTHORIZATION FOR DIRECT PAYMENT

Vista Woods HOA

I authorize New Concepts Management Group, Inc. and the financial institution named below to initiate entries to my checking or savings account. The first direct payment will take place on **(Circle One of the Following): • January • April • July • October • 3rd**. **This authorization will remain in effect until I notify you in writing to cancel it.** I can stop payment of any entry by notifying New Concepts 5 business days before my account is to be charged.

The withdrawal will be done on the 3rd of each quarter (January, April, July & October). If the 3rd falls on a Saturday or Sunday the withdrawal will be on the next business day.

Name-Please Print _____ Date _____ Signature _____

Unit Address-please print _____ City, State and Zip Code _____ Telephone Number _____
Unlisted

Mailing Address-if different than Unit Address _____ - Please update my mailing address to this address

Sign me up for paperless statements

E-mail Address _____

Name of My Bank/Financial Institution _____ Bank Branch _____

Routing Number: _____ Checking:

Bank Account Number: _____ Savings:

**Please Attach a Voided Check Here:
NOT A DEPOSIT SLIP**

Please return to: **New Concepts Management Group, Inc.
5707 Excelsior Boulevard
St. Louis Park, MN 55416
Fax: 952-922-5400
accounting@ncmgi.com**

Office Use Only:

Date Received: _____ Confirmation: _____

Account #: 189 - _____ Amount: _____ Processed: _____

Automatic Payment Withdrawal Checking/Savings Change Request Form

The person(s) listed below would like to change the account information regarding the ACH (Automatic Clearing House) withdrawal for payment of their association assessments.

_____ Name (Please Print)		_____ Signature
_____ Association Name		_____ Account Number
_____ Unit Address		
_____ Mailing Address (if different than Unit Address)		- Please update my mailing address to this address <input type="checkbox"/>
_____ Telephone Number	Unlisted <input type="checkbox"/>	Checking: <input type="checkbox"/>
_____ New Account Number		Savings: <input type="checkbox"/>
_____ New Routing Number		
_____ Effective Date of Change		

**Please Attach a Voided Check Here:
NOT A DEPOSIT SLIP**

Please return to: New Concepts Management Group, Inc.
5707 Excelsior Boulevard
St. Louis Park, MN 55416
Fax: 952-922-5400
accounting@ncmgi.com

*****This form *must* be received 5 days before the date of the withdrawal to have time to process the above change requested.*****

Office Use Only:

Date Received: _____ Confirmation: _____

Account #: _____ Processed: _____