

**GREENBRIAR II HOMEOWNERS
ASSOCIATION PAYMENT INFORMATION**

Please note your **NEW BANK ADDRESS:**

GREENBRIAR II HOMEOWNERS ASSOCIATION

C/O Association Advisors NJ

PO Box 98072

Phoenix, AZ 85038-8072

We offer the following payment options:

- 1.) ACH Direct Debit- **Form Enclosed** Forms received prior to the 28th of the month will be effective for the following month's maintenance payment.
- 2.) U.S. Mail- PLEASE ALLOW UP TO TEN (10) BUSINESS DAYS FOR MAILING AND PROCESSING

Please note your BANK LOCKBOX ADDRESS:

Greenbriar II Homeowners Association

C/O Association Advisors NJ

PO Box 98072

Phoenix, AZ 85038-8072

- 3.) Your Bank's Electronic Bill Pay

Please do not send any correspondence to the bank address. Only payments should be mailed to the bank

If you have any questions relating to the Administration, Operation, or Management of your community, please contact Association Advisors NJ at 732-294-8882 for assistance.

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)**

NOTE: A VOIDED CHECK MUST BE ATTACHED TO THIS FORM TO BE PROCESSED PROPERLY

I (we) hereby authorize Association Advisors to initiate debit entries to my (our) Checking Account or Savings Account (select one) indicated below at the depository financial institution named below, and to debit the same to such account for the purpose of collecting assessments for my community association. I (we) understand that this debit will occur on or about the **4th** of each month in which assessment payments are due. If the **4th** falls on a non-business day (weekend or holiday), Association Advisors will debit your account on the next available business day. PLEASE ALLOW UP TO 2 (TWO) BUSINESS DAYS FOR YOUR DEBIT TO REFLECT ON YOUR BANK STATEMENT. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

Bank/Depository Name: _____ Branch: _____

Routing Number (9 digits): _____ Account Number: _____

This authorization is to remain in full force and effect until Association Advisors has received written notification from me (or either of us) of its termination in such time, and in such manner, as to afford Association Advisors and your depository financial institution a reasonable opportunity to act on it.

My Association Is: _____

Name(s): _____
(Please print) (Please print)

Property Address: _____

Telephone Number: _____

Signature(s): _____

Date: _____ Homeowner Account#: _____

NOTE: A VOIDED CHECK MUST BE ATTACHED TO THIS FORM TO BE PROCESSED PROPERLY

**PLEASE RETURN FORM AND VOIDED CHECK TO:
Greenbriar II Homeowners Association
1 Greenbriar Blvd
Brick, NJ 08724**

Management Company Use Only: _____

Date Received: