

**Vista Mirage Home Owners Association
Payor's Pre-Authorized Debit (PAD) Agreement**

1. Customer Information

Name: _____

Unit #: _____

Street Address _____

City, Prov, PC _____

PH: _____

Email (if applicable): _____

2. Bank Account Information

ATTACH A VOID CHECK

3. Pre-Authorized Debit (PAD) Details

**** You, the Payor, authorize Vista Mirage Home Owners Association to debit the bank account identified for the fee amount agreed upon, on the First (1st) day of every month or the next business day. Currently, the withdrawal fee is at \$126.00 per month. Transaction may show on your bank records as *Telpay*. This is the processing company which deposit the funds to Vista Mirage HOA bank account.**

**** You, the Payor, may revoke your authorization at any time in writing or by phone subject to a 30 day notice. If for any reason, additional funds are withdrawn that were not authorized, they will be returned to you via check.**

4. Signatures/Authorization

Signature of Acct Holder:

Name (Please Print):

Date: