

PAYMENT METHOD / ADDRESS UPDATE FORM

Please assist us in updating our records by completing this form and returning it by mail in the enclosed envelope or email (Info@SandcastleCM.com). The information submitted will become part of your association official records.

Association Name (circle one) Regatta at Vanderbilt Beach Docks Association, Inc.
Regatta at Vanderbilt Beach I Condominium Assoc. Inc.
Regatta at Vanderbilt Beach II Condominium Assoc. Inc.
Regatta at Vanderbilt Beach III Condominium Assoc. Inc.

Owner's Name _____

Property Address _____

Alternate Address _____

(PLEASE CHECK THE BOX ABOVE FOR THE ADDRESS WE SHOULD USE FOR MAILINGS & CORRESPONDENCE)

Phone No(s). (local): _____ (alternate): _____

E-mail Address _____

Home Watch/Emergency Contact _____ Phone: _____

Rental Agent _____ Phone: _____

Information for the Call Box at the Entrance Gate:

Name to be posted on the gate directory _____

Property Address: _____

Phone # _____

PLEASE CHOOSE YOUR PREFERRED ASSESSMENT PAYMENT METHOD:

I prefer my account be directly debited for my Association assessment. (Must be a U.S. Bank account. Attach a cancelled check)

I prefer to make payments by check or money order.

I prefer to pay by credit card at www.SandcastleCM.com. I understand that there is a convenience fee for this option.

If you choose Direct Debiting, please complete the following information:

ASSOCIATION NAME _____

NAME(S) ON DEED _____

PROPERTY ADDRESS _____

MAINTENANCE FEE ACCOUNT # _____ (To be completed by Sandcastle)

MONTH TO START DIRECT DEBIT _____

NAME OF BANK _____

NAME ON THE ABOVE ACCOUNT _____

ACCOUNT TO BE CHARGED (Checking, Savings, etc) _____ (Please include a VOIDED check)

HOME PHONE _____ ALTERNATE PHONE _____

I HAVE INCLUDED A BLANK VOIDED CHECK AND HEREBY AUTHORIZE MY FINANCIAL INSTITUTION TO DEBIT MY ACCOUNT IN THE NAME OF MY ASSOCIATION. I UNDERTAND THIS DEBIT WILL APPEAR ON MY BANK STATEMENT UNDER THE DESCRIPTION OF THE ASSOCIATION LOCK BOX. I UNDERSTAND THAT THE AUTO DEBIT WILL APPEAR ON MY BANK STATEMENT DURING THE FIRST 10 DAYS OF EACH QUARTER. IN ADDITION, I UNDERSTAND THAT THIS AUTO DEBIT WILL REMAIN IN EFFECT UNLESS I NOTIFY MY ASSOCIATION IN WRITING 30 DAYS PRIOR TO CANCELLING THE AUTO DEBIT. I ALSO AUTHORIZE THE ASSOCIATION TO INCREASE THE AUTO DEBIT AS MAINTENANCE FEES ARE INCREASED BY THE BOARD OF DIRECTORS.

SIGNATURE _____

DATE _____