

# Surfside HOMEOWNERS ASSOCIATION

31402 H Street; Ocean Park, WA 98640  
(360) 665-4171; (888) 815-9446



Date: \_\_\_\_\_

Account #: \_\_\_\_\_

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

**ATTACHED FIND YOUR 2012 ANNUAL SURFSIDE HOMEOWNERS ASSOCIATION STATEMENT. PLEASE CHECK THE APPROPRIATE BOX & RETURN THIS FORM WITH PAYMENT.**

I wish to pay my 2012 annual Surfside membership fees and assessments in full. Enclosed please find \$ \_\_\_\_\_.

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I wish to pay my 2012 annual Surfside membership fees and assessments in not more than six payments. The first payment of \$ \_\_\_\_\_ is enclosed. Additional payments of **at least** the same amount are due on or before March 31<sup>st</sup>, April 30<sup>th</sup>, May 31<sup>st</sup> and June 30<sup>th</sup> with the last payment to be received no later than July 31<sup>st</sup>, 2012. I understand that a 1% service charge per month will be added to my outstanding balance after sixty (60) days & every thirty (30) days thereafter until my account is paid in full. I also understand that failure to pay in full by July 31<sup>st</sup> will result in my receiving an Intent to Lien letter. **Please be aware that in order to take advantage of the payment plan the first payment & this form must be received in the Surfside business office no later than February 16<sup>th</sup>, 2012.**

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I wish to pay my 2012 annual Surfside membership fees and assessments in full with my credit/debit card. I understand that if I choose to pay by credit/debit card I must add a service charge of 3% to my total bill to cover Surfside costs. **To protect your privacy no telephone payments will be accepted and Surfside will not provide this information to any other party.** My credit card information is as follow:

Card type (circle one): Visa / Mastercard      Card number \_\_\_\_\_

Expiration date \_\_\_\_\_      Amount \_\_\_\_\_

Name & mailing address as it appears on credit card statement (please print):

\_\_\_\_\_  
\_\_\_\_\_

Phone number for any credit card questions \_\_\_\_\_

Signature \_\_\_\_\_