



To Enhance Community Life™

CAMCO Payment Information

Welcome to CAMCO!

We offer many convenient ways for our owners to make their association payments.

PAYMENT OPTIONS:

1. Paper Check by Mail:

Please make your check payable to: Vassar Square Condominium Association
Please mail your check to:

Vassar Square Condominium Association
c/o CAMCO
P.O. Box 11995
Newark, NJ 07101-4986

*Please include your **account number # 20746583** on all payments. Payments sent to the wrong address or without account numbers will be returned.

2. Bank Bill Pay: If you use your bank's online bill pay option, make sure the payments are sent to the address above and that your account number # 20746583 is included.

3. ACH Auto Draft:

- To sign up for ACH payments deducted on the 5th of the month due, please complete the enclosed CAMCO ACH document and e-mail to kwhelihan@camcomgmt.com. To enroll with CAMCO you will need to complete a new ACH form no later than Monday, January 18, 2021 to be effective for your February 2021 payment.

4. Online Payments – Available starting on 2/1/2021

In late January you will receive a communication regarding the opening of Vassar Square Condominium Association's new Owner Portal on 2/1/21. Through the portal you will find the following online payment options:

- **Auto Draft:** CAMCO will pull your dues amount on the 5th of each applicable month. We will update payment amount, as necessary. Note, if you have a current balance on your account, you will be prompted to pay this prior to enrolling. This is our most popular payment option.
- **Recurring eCheck:** You will set the payment date and amount for recurring payments. Please keep in mind that you will have to update payment amounts in the future if there are increases.
- **One-Time eCheck or Credit Card Payment:** Utilize one-time payment options at your convenience. Note, there are additional fees for credit card payments.

CAMCO ACH DIRECT DEBIT FORM

AUTHORIZATION AGREEMENT - DIRECT PAYMENTS (ACH DIRECT DEBIT)

I (we) hereby authorize CAMCO, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution)

(Routing/Transit Number)

(Address)

(Bank Account Number)

(City, State, Zip)

____ Checking ____ Savings
(Account Type- Check one)



Current Recurring Amount \$ _____

The draft amount will be changed automatically if there is an increase in the recurring amount. ACH Direct Debit is applicable to all monthly recurring assessments, utility and usage fees and charges (if any) imposed against the Unit by the governing documents of the Association.

Please Note: ACH deductions are scheduled on the 5th of each month due. If the 5th falls on a weekend or holiday, it will be scheduled on the next available business day. If you are enrolled in an ACH program, you will need to complete a new ACH form for CAMCO no later than Monday, January 18, 2021 for ACH to be effective prior to February 2021.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify CAMCO in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment date falls on a weekend or holiday, I understand that the payments will be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF), I understand that CAMCO may at its discretion attempt to process the charge again within 30 days, and agree to any applicable fees for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions

correspond to the terms indicated in this authorization form and the governing documents of the Association.

CAMCO ACH DIRECT DEBIT FORM

AUTHORIZATION AGREEMENT - DIRECT PAYMENTS (ACH DIRECT DEBIT)

(Print Individual Name)

(Phone)

(Signature)

(Email)

(Unit Address)

(Association Name)

*Return to Karen Whelihan via e-mail at:
kwhelihan@camcomgmt.com*

PLEASE ATTACH COPY OF A VOIDED CHECK TO THIS FORM