# 2027 MONTHLY DUES PAYMENT PLAN

GVR offers monthly dues payment plans for a fee, for dues associated with owner-occupied residences.

| Fees: | |
|---|---|
| Annual GVR Dues | $575.00 |
| Annual setup fee | $25.00 |
| Transaction fee | $22.00 |
| **Total for 2027** | **$622.00** |

*Fees are non-refundable*

- Properties requesting tenant cards do not qualify and any payment plan in place will be null and void if tenants are acquired during the course of the year.
- Direct-pay (or Automated Clearinghouse) payments are required.

**Instructions**

- Complete and sign the attached form.
- Enclose an initial check in the amount of **$52.00**. **Please do not postdate checks**. The direct payment/ACH will start in February.
- Enclose a voided check or account verification form with your account information from the bank you will be using.
- Return all of the above to the GVR customer service office or by mail: *Green Valley Recreation, Inc., Attn: Moira, PO Box 586, Green Valley, AZ 85622*
- *Please note this payment plan is only valid for the current year. A new form will need to be completed each year.*

Automated Clearinghouse (ACH) or Direct-Pay withdrawals will occur around the **15th** of each month starting in February.

It is very important that funds are available for withdrawal. If the ACH is returned unpaid by your bank, you will be subject to additional fees and will be removed from the dues payment plan.

If you have any questions or concerns, please contact Moira at Moirab@gvrec.org.

# 2027 Dues Payment Plan ACH Authorization Agreement

Member Name: _____ GVR#: _____

Property Address: _____

Mailing Address: _____

Phone: _____ Email: _____

I hereby authorize Green Valley Recreation, Inc. to initiate automatic withdrawals on or around the **15th of each month** from my account at the financial institution named below in the amount of **$52.00 a month for the months of February through November, with a final payment of $50.00 in December 2027.**

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

*This agreement will remain in effect until the completion of the plan. It is the member's responsibility to notify GVR at least two weeks prior to the 15th of the month if there is a change in financial institutions or the information provided below is no longer valid.*

## Account Information

Name of Financial Institution: _____

Routing Number: _____ ☐ Checking

Account Number: _____ ☐ Savings

**ATTACH VOIDED CHECK HERE**