



Select Community Services

**Woodwinds Council of Co-owners
Contact Information Form**

(Please Print Clearly)

Woodwinds Council of Co-owners Address: _____ Reston, VA

(1) Owners Name: _____

(2) Owners Name: _____

(1) Cellular Phone #: _____

(1) Home Phone #: _____ (1) Work Phone #: _____

(1) Email Address: _____ OTHER Email: _____

(2) Cellular Phone #: _____

(2) Home Phone #: _____ (2) Work Phone #: _____

(2) Email Address: _____ OTHER: _____

Are you currently occupying the unit? Yes _____ No _____

If 'No', your mailing address: _____

If your home in **Woodwinds Council of Co-owners** is a rental unit, please provide the following information:

Unit Occupant Names (*not including you*):

Name: _____ Cell Phone: _____ Email Address: _____

Name: _____ Cell Phone: _____ Email Address: _____

Name: _____ Cell Phone: _____ Email Address: _____

PLEASE RETURN THE FORM BY:

- Scan and email the form to askus@scs-management.com
- Fax it to us at (703) 230-8699
- Mail the form to: **Woodwinds Council of Co-owners**, P.O. Box 221350 Chantilly, VA 20153

4840 Westfields Boulevard, Suite 160, Chantilly, Virginia 20151 / P.O. Box 221350 Chantilly, Virginia 20153-0821 Telephone 703.631.2003 Fax 703.266-2804

11300 Rockville Pike, Suite 907 Rockville, Maryland 20852 Telephone 301.692.1700 Fax 240.221.0443

Email askus@scs-management.com Web www.scs-management.com

Associa®

The nation's leader in community association management

www.associaonline.com

800.808.4882

AMC
ACCREDITED MANAGEMENT COMPANY



Associa® Select Community Services

Direct Debit Payment Services conditions and terms:

This enrollment form must be received at SCS by the tenth (10th) day of the month proceeding the month you wish to start direct debit. You will be notified if the direct debit process for your account was not satisfactory.

SCS will request the transfer of direct debit funds once a month or quarterly if your association assessment is paid quarterly.

Community Association Bank/Pacific Premier Bank (or other depository determined by SCS) will be authorized to debit funds from my checking account for deposit into the Association's account on the third (3rd) working day of the month.

The amount debited from my account will equal the current regular monthly or quarterly assessment and may include parking if applicable. Special assessments will require a separate direct debit agreement. I recognize there may be other charges but direct debit will not include additional fees, handling charges, etc.

I am completely responsible for notifying SCS in writing, by the tenth (10th) of the preceding month, of any changes to my account (i.e. change of bank, accounts #'s, resale). Failure to notify SCS by the tenth (10th) of the preceding month may result in funds being withdrawn in the following month. Any charges caused by this debiting and failure to notify SCS will be the sole responsibility of the homeowner.

If I have two (2) insufficient funds (NSF) returns I will be ineligible to continue in the direct debit payment program.

A homeowner with a direct debit that is not honored by your bank will be responsible for making up that payment (including NSF charges) by check.

A bank charge incurred as a result of a returned direct debit will be added to your account.

Homeowners cannot change banks or accounts more than twice a year and continue with direct debit.

Your association assessment account must currently have a zero balance.

I (We) authorize Select Community Services to initiate debit entries to my (our) checking account/ savings account (select one) at the depository financial institution named below ("DEPOSITORY"). I (We) agree that ACH transactions I (we) authorize will comply with all United States law.

Depository Name: _____ Checking Account No. _____

City: _____ State: _____

I (We) understand that this authorization will remain in full force and effect until I (we) notify Select Community Services in writing that I (we) wish to revoke this authorization. I (We) understand that Select Community Services requires notification by the tenth (10th) of the preceding month in order to cancel this authorization.

Name: _____ Name: _____

Signed: _____ Signed: _____

Date: _____ Date: _____

Home Phone: _____ Other Contact Number: _____

Association Name: Woodwinds Council of Co-owners Association Owner Account _____

Please return this completed form with a voided check by mail or fax: Select Community Services (SCS),

P.O. Box 221350, Chantilly, Virginia 20153-0821 FAX: 703.266-2804

4840 Westfields Boulevard, Suite 160, Chantilly, Virginia 20151 / P.O. Box 221350 Chantilly, Virginia 20153-0821 Telephone 703.631.2003 Fax 703.266-2804

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December 12, 2016

Dear Resident of Woodwinds Council Co-owners:

SCS is pleased to offer Direct Payment Service to homeowners.

Although many of you are familiar with direct debit payments, below is a summary of a few of the most frequent questions:

- **What is direct debit payment?** Direct debit payment is a convenient, efficient, electronic payment alternative to paper checks. When you use direct payment you authorize SCS, on behalf of the Association, to electronically collect your assessments from your personal checking account. Instead of writing a check every month, your bank will automatically make the payment to the Association account the third (3rd) business day of the month.
- **Why use direct payment?** You'll save time preparing payments, save money on postage and eliminate the charge of a late payment. You'll never forget to make your assessment payment because it is done automatically. The Association benefits because its operating account receives interest on funds daily.
- **How to sign up for direct payment.**
 1. Write "VOID" across one of the checks from your personal checking/savings account.
 2. Read the information on the enclosed form and complete the enrollment application.
 3. Mail or fax the enrollment form, with the voided check to:

Select Community Services (SCS)
P. O. Box 221350, Chantilly, Virginia 20153-0821
FAX: 703.266-2804

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