



Mililani Town Association

95-303 Kaloapau Street
Mililani Town, Hawaii 96789
Telephone (808) 623-7300

SurePay

Automatic Payment Plan

SurePay allows your bank to electronically “transfer” your Mililani Town Association assessment payments each quarter from your checking or savings account through Automated Clearing House (ACH) into Mililani Town Association’s bank account.

Benefits of SurePay

- ❖ **CONVENIENT** – you no longer have to worry about making your payment each quarter.
- ❖ **SAVE MONEY** – you no longer have to spend money on checks and postage. Plus, the SurePay Automatic Payment Plan is free!
- ❖ **YOU ARE IN CONTROL** – you can control whether you want to start or stop using the SurePay Automatic Payment Plan (with proper notification).



This is all you need to do. . .

Complete the SurePay Automatic Payment Plan application form on the reverse side and return it to Mililani Town Association.
Use this form to enroll, change or stop your service.

**Mililani Town Association
SurePay Automatic Payment Plan
All-In-One Application Form**

Please use a separate application for each property

Your quarterly assessment dues will be deducted on the 5th day of each quarter (January, April, July and October). If the 5th day falls on a weekend or holiday, the funds will be deducted on the next business day. Once your application is processed, you will no longer receive quarterly reminder statements from the Mililani Town Association. In order to process your application, your account must be \$0.00 (zero).

I authorize the Mililani Town Association to initiate the following action for the account information listed below.

Please check one: **START service** **CHANGE information** **STOP service**

MTA Account Number: _____

Mililani Property Address: _____

Owner's Name(s): _____

Mailing Address (if different from property address):

Home #: _____ Work #: _____ Cellular #: _____

Email: _____

Complete this section when STARTING service or CHANGING information

I authorize the financial institution below to accept the ACH transfer and charge my checking or savings account listed below to pay the quarterly MTA assessment dues.

Financial Institution: _____

Account Type: Checking (Please attach a voided check) Savings

Bank Routing Number: _____

Bank Account Number: _____

Signature (of bank account holder)

Date

MAIL OR FAX APPLICATION TO:

MILILANI TOWN ASSOCIATION
Attn: Accounting Department
95-303 Kaloapau Street
Mililani, HI 96789-1249
Phone: (808) 623-7300 ♦ Fax: (808) 623-3474

***Applications must be received by the 1st day of the month prior to the quarter
(i.e. application due June 1st for the July quarterly dues).
Any applications received after the deadline will be held and processed the following quarter.***