



Mililani Town Association

95-303 Kaloapau Street
Mililani Town, HI 96789
Phone (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

Attach voided check here

- Complete one form for each property.
To be eligible for this program, your account must be \$0.00 (zero) and in good standing.
Quarterly assessments will be automatically deducted on a recurring basis from your savings or checking account on the 5th day of each quarter via ACH (Automatic Clearing House), or on the next business day if the 5th falls on a weekend or holiday.
Applications to start or to change bank account information are due by the 1st of the month preceding the start of the quarter.
Applications to stop service will be processed when received.

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

Please check:

- START, STOP, CHANGE options with checkboxes for January, April, July, and October.

MTA BUR Number (Example 10XXX-XXXX-XX):

Mililani Property Address:

Owner's Name(s):

Mailing Address (if different from property address):

Home #: Work #: Cellular #:

Email Address:

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.

Type of Bank Account: CHECKING (voided check required) SAVINGS

Name of Financial Institution:

Bank Routing Number:

Bank Account Number:

Printed Name of Bank Account Holder

Date

Signature of Bank Account Holder

MAIL, FAX or EMAIL Application to: MILILANI TOWN ASSOCIATION 95-303 Kaloapau St. Mililani, HI 96789-1249 Fax: 808-623-3474 Email: surepay@mililanitown.org