

CREDIT CARD AUTHORIZATION

Grand Summit HOA Payments

PLEASE COMPLETE THIS FORM AND RETURN TO THE GRAND SUMMIT HOME OWNERS ASSOCIATION (HOA) DEPARTMENT AT YOUR EARLIEST CONVENIENCE.

PLEASE PRINT CLEARLY

Name on unit: _____

Company Name (IF APPLICABLE): _____

UNIT#: _____ QUARTER SHARE #: _____

UNIT#: _____ QUARTER SHARE #: _____

UNIT#: _____ QUARTER SHARE #: _____

UNIT#: _____ QUARTER SHARE #: _____

UNIT#: _____ QUARTER SHARE #: _____

UNIT#: _____ QUARTER SHARE #: _____

Credit Card Type (Circle One): VISA MC DISC AMEX

Name as it appears on card: _____

Card # : _____ EXP _____

I, THE UNDERSIGNED, GIVE THE CANYONS RESORT AUTHORIZATION TO CHARGE MY QUARTERLY HOME OWNER ASSOCIATION (HOA) FEES, ANNUAL PROPERTY TAXES OR MISCELLANEOUS HOA INVOICES TO THE ABOVE CREDIT CARD. I UNDERSTAND THAT NOTIFICATION OF SUCH CHARGES WILL BE MAILED TO ME AFTER THE CHARGE HAS OCCURED. I ALSO UNDERSTAND THAT IT IS MY RESPONSIBILITY TO UPDATE MY CREDIT CARD UPON CANCELLATION OR EXPIRATION.

Authorized Card Signature: _____ Date: _____

RETURN TO: GRAND SUMMIT HOA
4000 THE CANYONS RESORT DRIVE
PARK CITY, UT 84098

Fax: 435-608-6611

Questions? For any questions regarding this form, dues or fees, please contact the Owner Accountant at 435.615.3388.