
SCENIC RIDGE HOMEOWNERS' ASSOCIATION, INC.

Please charge the following credit card for the Scenic Ridge Quarterly Assessments
due January 1, April 1, July 1, and October 1 of each calendar year:

American Express

Visa

MasterCard

Card Number	
Expiration Date	
For Visa and MasterCard: Card Code - 3 digit code on back of card (last 3 digits)	
For American Express: Card Code - 4 digit code on front of card (above account #)	
Name as it appears on card	
Billing Address	
Unit Address for which you are paying	

I understand that the quarterly assessment amount is published annually in the Scenic Ridge budget, which is distributed to all homeowners. I have reviewed it and will continue to review the annual budgets going forward and I approve the published amount to be charged to my credit card listed above on a quarterly basis.

I understand that I must notify the Scenic Ridge Homeowners Association in writing if I wish to terminate the quarterly charge to my credit card listed above. I also agree to notify the Scenic Ridge Homeowners Association in writing in the event that I sell my property in Scenic Ridge so I may terminate quarterly charges to my card.

Signed by cardholder _____

Date _____

If you elect to make your payment with your credit card,
this completed form must be returned by the due date to:

Scenic Ridge Board of Directors
One Amber Drive
Croton-on-Hudson, NY 10520