

Neel, Robinson & Stafford, LLC  
Phone: 404-459-9600 Fax: 866-311-9326 •

**Authorization Form for HOA Prepayment**

Please print out and complete this authorization and return to us via fax or email.  
All information will remain confidential.

Cardholder Name: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Credit Card Type: Visa  Mastercard  Discover  American Express

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

I authorize Neel, Robinson & Stafford, LLC to charge the required prepaid amount specified by the homeowner's association to my credit card provided herein.

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date