

Real Estate Agency
Registry Number:

\$75.00 (0406)

Oregon Real Estate Agency
530 Center St. NE, Suite 100
Salem, Oregon 97301-3740
Phone; (503) 378-4630 Fax; (503) 378-2491

DO NOT USE THIS SPACE
FOR REAL ESTATE AGENCY
USE ONLY

AMENDMENT TO CONDOMINIUM INFORMATION REPORT

The following information must be current as of 30 days prior to sending this form to the Real Estate Agency.

IMPORTANT: ALL QUESTIONS MUST BE ANSWERED

- Name of Association: _____
- Name of Condominium: _____
- County where Condominium is located: _____
- The following information has changed: _____

- If the agent has changed, indicate the name, address & phone number of the new agent:
Name of new agent: _____ Phone _____
Mailing address of Agent: _____
Street City State Zip Code

NOTE: IF THE AGENT HAS CHANGED, THE AGENT MUST CONSENT TO THE APPOINTMENT

THIS REPORT MUST BE SIGNED BY THE DESIGNATED AGENT AND CHAIRPERSON OR SECRETARY

Agent execution: _____
Signature Printed Name

Chairman or Secretary execution: _____
Signature Printed Name Title

Contact person: _____
Name Phone number Contact email address

PAYMENT OPTIONS:

CHECK, ELECTRONIC CHECK, (See attached ACH Debit Authorization Form) or CREDIT CARD:

<input type="checkbox"/> VISA 	<input type="checkbox"/> MasterCard 	<input type="checkbox"/> Discover 	Card No. _____ - _____ - _____ - _____
Authorized Signature			Expiration Date (mo/yr) __ / __
Name exactly as shown on card			
Billing Address	Phone Number	Email Address for receipt	

Program: Real Estate 41501 Revenue Code: 0406 Amount Enclosed: \$ 75.00

SUBMIT THE COMPLETED FORM AND FEE BY FAX OR TO THE ADDRESS ON PAGE 1

OREGON REAL ESTATE AGENCY - ACH DEBIT AUTHORIZATION FORM

Instructions:

1. Fill in your name at the top of the form.
2. Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
3. **Attach a voided check** for verification of all financial institution information. If you are unable to attach the voided check, please be sure you fill in your account number and routing number.
4. This authorization authorizes the state to debit your account on a one-time basis. If your checking account authorized for this debit has a debit filter/block in place, please contact the Oregon Real Estate Agency to obtain the company ID. This 10 digit number will need to be provided to your bank to allow the debit transaction to process through your account successfully.
5. If you are funding this debit with specific payment instructions to move funds from a bank outside the United States to a US financial institution, please check the box indicating this. A representative from the state will contact you with more instructions on how this payment will be processed. Depending on how this transaction is funded, you may not be able to have your account automatically debited by the state agency you are working with.

Be sure to sign the form and return to the Oregon Real Estate Agency: Fax to: 503-378-3256

Or Mail to: Oregon Real Estate Agency, 530 Center St. NE, Suite 100, Salem, Oregon 97301-3740

I, _____, authorize the Oregon Real Estate Agency to initiate a one-time electronic debit entry for payment of the condominium amendment report for: _____

_____ Condominium Unit Owners Association in the amount of **\$75.00** to my:

TYPE OF BANK ACCOUNT:

Checking account Savings account

Business Account (*Check this box only if the checking or savings account is a business account*),

I have a Debit Filter or Debit Block on this account. Please contact me with the Company ID that I can provide to my bank to allow this debit to process as authorized.

BANKING INFORMATION:

FINANCIAL INSTITUTION NAME (PLEASE PRINT) _____

ACCOUNT NUMBER AT FINANCIAL INSTITUTION _____

9 – DIGIT ROUTING NUMBER _____

FINANCIAL INSTITUTION CITY, STATE and POSTAL ZIP CODE _____

INTERNATIONAL ACH DETERMINATION: Indicate by checking the box below if you have payment instructions to transfer funds from a Non US Financial Institution to a US Financial Institution explicitly for funding of this debit transaction:

I have payment instructions in place with a non US Financial Institution to transfer funds to my US Financial Institution identified above for the specific purpose of funding this one-time debit transaction.

Changes to your ACH Direct Debit Authorization:

In order to warrant that payments the State originates through the ACH network comply with all US Laws, the State must rely upon the employee or organization to advise if this debit authorized by you is being funded from a Non US Financial Institution explicitly for the purpose of this payment. Please contact (Insert Agency Contact) with any changes to your ACH Debit Authorization.

I acknowledge that the origination of ACH transactions to the authorized account must comply with the provisions of Oregon and U.S. law.

SIGNATURE _____ DATE _____

PHONE NUMBER _____ EMAIL (for receipt) _____