

STANBROUGH
— REALTY —

10888 Hickman Rd, Ste 3B
Clive, IA 50325
(515) 334-3345 Office
(515) 334-3346 Fax
www.stanbroughrealty.com

Date:

RE: Association Manager Introduction

Dear Kettlestone Heights owner:

My name is Amanda Crawford and I am the property manager at Stanbrough Realty. This letter is to inform you that we have been chosen to take over management of your association effective 07/01/2018. We are honored to be chosen and will strive to make sure that the association receives the services and attention it deserves.

Here is how you may contact us if you have any questions or concerns. You may call the office at 515-334-3345 or you may email us at info@stanbroughrealty.com. Our mailing address for correspondence is 10888 Hickman Rd. #3B, Clive, IA 50325.

You may mail your payments in, walk-in your payments to the address above, or set up automatic payment of \$125 monthly. If you wish to do automatic payment, please complete the enclosed EFT form to set it up. **Your first dues amount is due on _____.**

Finally, enclosed is a general homeowner information sheet. If you can please complete and return to us so that we ensure we have the most accurate and up to date information on record for you.

Congratulations on your new home!

Sincerely,

Amanda Crawford
Property Manager
Office: 515-334-3345
Fax: 515-334-3346
amanda@stanbroughrealty.com

KETTLESTONE HEIGHTS
HOMEOWNER INFORMATION

any information provided will be for internal use only

Name: _____

Address of property owned: _____

Mailing Address: _____

Email Address: _____

Home Phone: _____ Mobile Phone: _____

Emergency contact: _____

Additional information you wish to provide:

You may fax, email or mail back to the information below:

Stanbrough Realty
10888 Hickman Rd. #3B
Clive, IA 50325

Fax No. 515-334-3346

Email info@stanbroughrealty.com



For Credit Union use only

Date loaded: _____

Employee Name: _____

Authorization #: _____

STANBROUGH AUTHORIZATION FOR AUTOMATIC PAYMENTS

(ATTACH VOIDED CHECK)

I (we), the undersigned, authorize Direct Transfer Transactions to be initiated and processed to the accounts indicated below. This authority will remain in effect until I (we) notify, in person or in writing, Community Choice Credit Union to cancel the authorization in such time as to afford the financial institution a reasonable opportunity to act on it. I (we), understand that fees and dues may change and we will not have to sign another agreement as the new charges will be covered under this agreement.

Withdrawal Instructions

Name of Financial Institution: _____

City and State: _____

Routing #: _____ Account #: _____

Account Type: Checking (27) Savings (37)

Transaction Details & Special Instructions

New / Replacement _____ Effective Date: ___/___/___

Transfer 1st of month: Amount \$: _____

Transfer 5th of month: Amount \$: _____

One-Time Transfer Date: _____ Amount \$: _____

Printed Name

Date

Signature

Property Address

If item is returned, there will be a \$20.00 charge to your account.

Stanbrough Use Only

Property Entity / Name to use on ACH: _____