

Rotonda West Association, Inc.

If you choose to pay your assessment with a major credit card, please complete the information below and attach to the top of your statement(s).

(1) Return both the credit card form and statement(s) to the RWA office.  
3754 Cape Haze Drive, Rotonda West, Florida 33947

(2) Fax to the RWA office. (941) 697-0788

NAME: \_\_\_\_\_ LOT NUMBER(S) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

CREDIT CARD TYPE (CIRCLE)

VISA

MASTERCARD

DISCOVER

CREDIT CARD NUMBER: \_\_\_\_\_

THREE-DIGIT SECURITY CODE ON BACK OF CARD: \_\_\_\_\_

CREDIT CARD EXPIRATION DATE: \_\_\_\_\_

NAME AS IT APPEARS ON CREDIT CARD: \_\_\_\_\_

PAYMENT AMOUNT

(US DOLLARS): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Service Charge: There is a \$5.00 service charge for processing each payment.