Centennial Homeowner Association Owner Information Form

	FILL IN ALL ANSWERS BELOW
Address of Property:	
Owner Name #1:	
Home Phone Number:	
Mobile Phone Number:	
Owner address if different than property address:	
Email Address:	
Owner Name #2:	
Home Phone Number:	
Mobile Phone Number:	
Owner address if different than property address:	
Email Address:	
Emergency Contact:	
Emergency Contact Phone #:	
If you rent your unit, please provide the contact information for your tenants:	
Tennat Name, Phone, Email	
Tennat Name, Phone, Email	
Auto Withdrawal Info:	**Only complete the section below if you want us to set up auto withdrawal for you**
Name(s) on the Account:	
Name of Bank:	
Account #:	
Routing #:	
Date of Birth of Account Holder:	
Type of Account - Checking or Savings:	
Date to be withdrawn each quarter:	

By returning this information to Berkshire Hathaway HomeServices you are authorizing your quarterly association fee to be withdrawn from the bank account provided on the first day of each quarter or the date specified above.

Signature _____ **Date:** _____

Please return this form to Lindsay Flynn at Berkshire Hathaway: lindsayflynn@bhhsmi.com or mail to:
Berkshire Hathaway, 6312 Stadium Drive, Kalamazoo, MI 49009