



Welcome to Seashore Villas!

We are the property management firm for your Association. As a new owner , we want to supply you with some useful information to help you become familiar with the community .

Enclosed is an information sheet, new owner questionnaire, ACH form, and Seascape handbook. In order for us to have your proper contact information, please complete the new owner questionnaire and return to our office at your earliest convenience .

The HOA Assessments are invoiced on a monthly basis. Seascape Property Management offers homeowners the ability to have your quarterly payment automatically paid from your checking account. If you are interested, please complete the included ACH form. While you can always mail the Association a check directly, sometimes having this electronic method of payment is more convenient. Seascape Property Management will email all homeowners a reminder invoice approximately 10 days prior to the due date .

If you ever have any questions or concerns, feel free to email me at the address below. Again, welcome to Seashore Villas, and we look forward to meeting you.

Sincerely, Jonathan Poole
Seascape Property Mgmt., Inc.
jpoole@seascapepm.com

Creekside Plaza
32566 Doc's Place
Suite 5
Millville, DE 19967
302.539.3600



Nassau Commons
17563 Nassau Commons Blvd
Suite 3
Lewes, DE 19958
302.645.2222

Community Information

Utilities

Delaware Electric Coop	(302) 349-9090
Tidewater (Water)	(302) 734-7500
Comcast	(888) 266-2278

Trash Company

Waste Industries	(302) 945-7824
Trash Pick-Up	Every Tuesday
Recycling Pick-Up	Every Other Thursday



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Seashore Villas New Owner Questionnaire

Owner Questionnaire

Lot # _____ Date Questionnaire Completed _____ Community _____

Name (s) _____

Community Street Address: _____

Mailing Address _____

Phone: Home _____ Cell _____

Work _____ Fax _____

Email _____

Circle One: Year Round Home Second Home Rental Unit

Do you agree to receive Association correspondence and invoicing electronically? Yes No

May We Publish Your Phone Number and E-mail Address In a Community Directory? Yes No



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ACH Payment Set – Up

If you would like to utilize ACH for payment of your Association dues please complete the enclosed form and return it to our office. You can mail it to the address above OR fax it to 302-645-1292. Once we have received the signed form, we can complete the setup of your account and link to your checking or savings account via the online ACH system.

A few things you should know...

- Please send a copy of voided check.
- Dues will be transferred from your account on the 10th of the month they are due. If for some reason you need to cancel a scheduled payment, you MUST notify our office in writing by the first of the month as the payments are automatically scheduled and it takes time to modify the system to postpone or cancel a payment.
- The authorization you are returning to us is valid until we receive written notification to cancel the ACH service.
- Those who utilize the ACH system WILL still receive an Invoice for their payments. This will simply serve to remind you that the ACH will be occurring.
- You are responsible to ensure that funds are available in your account on the scheduled transfer date. You will be held responsible for all associated fees from your bank, SeaScape and the HOA bank resulting from an ACH denial.

Should you have any questions, please feel free to contact our office. We would be happy to answer any questions or concerns you may have.

Truly,

Chris Nichols
President, SeaScape Property Management



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AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Community: _____

Name(s): _____

(Please Print)

Property Address: _____

I (we) hereby authorized SeaScape Property Management, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____

Account Number: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature: _____

Date: _____

Note: Debit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

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