



PAYMENT REMITTANCE FORM

contactalterra.com

All inquiries surrounding the collection of your delinquent account should be made in writing. This Payment Remittance Form may be utilized by you to remit payment to Alterra. Please provide all necessary information and check the applicable boxes to ensure that your payment is properly processed.

Account Information:

Association Name: _____
Owner Name: _____
Subject Property Address: _____
Mailing Address: _____
Contact Name (if not Owner): _____
Contact Phone Number: _____
Email Address: _____
Alterra File No.: _____

Payment Information:

☐ Cashier's Check Enclosed

☐ Money Order Enclosed

Amount Tendered: \$ _____

Optional Information:

☐ Correspondence enclosed with Payment

*Alterra Assessment Recovery, LLC ("Alterra") is acting in the function of a debt collector.
We are attempting to collect a debt and any information obtained will be used for that purpose.*