

Owner Instructions



How an owner uses the
Website.



 Select the Resort Group applicable to where you own found on the initial website entry page.

Now you can pay your Homeowner Association Annual Assessment online!!!

Need assistance navigating through this section? [Click Here](#)
Frequently Asked Question. Just [Click Here](#)

To begin, select your Resort Group from the following list:

- Equivest Resorts (Inn on the Harbour, Newport Overlook, Inn on Long Wharf, Bay Voyage, Newport Onshore, Long Wharf, Bentley Brook, Avenue Plaza, Riverside Suites, Bluebeards Beach Club, Elysian Beach)
- California and Hawaii Resorts (Dolphin's Cove, Kona, Mauna Loa)
- Preferred Status Exchange Resorts (Club Lakeridge, Havasu Dunes, Laguna Surf, Plaza VIP, San Luis Bay Inn, Vista Mirage, Heidelberg Inn)
- Wyndham South Florida Resorts (Santa Barbara, Palm Aire, Orlando Intl Resort Club, Sea Gardens, Ocean Palms)
- Shawnee Resorts
- Pahio Resorts

Next, enter your Project # and Contract # as listed on your most current invoice.

Project/Contract # -



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■ ■ Enter your Project/Contract # & Zip code on the same page and select “Continue”. (If you already have a password you can enter it on this screen as well.)

- Wyndham South Florida Resorts (Santa Barbara, Palm Aire, Orlando Intl Resort Club, Sea Gardens, Ocean Palms)
- Shawnee Resorts
- Pahio Resorts

Next, enter your Project # and Contract # as listed on your most current invoice.

Project/Contract # -

If you are a first-time user for online Credit Card payment, please enter your zip code as it appears on your most recent statement.

Zip Code (First 5 digits only)

If you have already completed an online Credit Card transaction, please enter your password below.

Password

Forgot your password?

[Click here.](#)

Continue



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- ■ Next, if you didn't add a password on the initial page, you'll be asked to create a new password as well as a security question.

The security question will be used to confirm your identity if you call us to remind you of or change your password.

Welcome!

Please enter your chosen password below!

Password *

Password Confirm *

The information below will be used in the event that you forget your password.

Question *

Answer *

submit

Contact us at assessmentbilling@wyn.com



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- Review your name, address, phone and e-mail information and make any adjustments, if needed.

Enter your information below

Name	John Smith
Address 1	<input type="text" value="123 Main St."/>
Address 2	<input type="text"/>
Address 3	<input type="text"/>
City	<input type="text" value="Sometown"/>
State	<input type="text" value="FL"/>
Zip Code	<input type="text" value="32819"/>
Home Phone	<input type="text" value="1112223333"/>
E-mail	<input type="text" value="testemail@email.com"/>

If any of the above information is incorrect, please correct it in the boxes above so we may update our records.
Thank You!

- My information above is correct.
- Please update your records with my new information as noted above.

- If all information is correct and nothing required updating, select the 1st radio button. If you updated any of your information, select the 2nd radio button.

Name	John Smith
Address 1	<input type="text" value="123 Main St."/>
Address 2	<input type="text"/>
Address 3	<input type="text"/>
City	<input type="text" value="Sometown"/>
State	<input type="text" value="FL"/>
Zip Code	<input type="text" value="32819"/>
Home Phone	<input type="text" value="1112223333"/>
E-mail	<input type="text" value="testemail@email.com"/>

If any of the above information is incorrect, please correct it in the boxes above so we may update our records. Thank You!

My information above is correct.

Please update your records with my new information as noted above.

1st Radio Button

2nd Radio Button



Enter your payment amount if you have an Invoice Amount Due greater than \$0.00.

E-mail

If any of the above information is incorrect, please correct it in the boxes above so we may update our records. Thank You!

- My information above is correct.
- Please update your records with my new information as noted above.

Update Information Only

Week/Unit: 02D-52

Invoice Amount Due: \$58.19

Amount of Payment

Method of Payment

Visa

Master Card

Discover

Credit Card Number
(no spaces or dashes)

Expiration Date

Name on Credit Card

Continue Clear

Contact us at assessmentbilling@wn.com



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Select Credit Card Type, enter your Credit Card Number, Expiration Date and the name as it appears on the Credit Card

E-mail

If any of the above information is incorrect, please correct it in the boxes above so we may update our records.
Thank You!

- My information above is correct.
- Please update your records with my new information as noted above.

Update Information Only

Week/Unit: 02D-52

Invoice Amount Due: \$58.19

Amount of Payment

Method of Payment

- Visa
- Master Card
- Discover

Credit Card Number
(no spaces or dashes)

Expiration Date

Name on Credit Card

Continue

Clear

Refer to your invoice to confirm your association accepts the Credit Card type you wish to use.



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 If you click continue and receive an error message, do as instructed.

Week/Unit:	02D-52
Invoice Amount Due:	\$58.19
Amount of Payment	<input type="text" value="\$0.00"/>
Method of Payment:	<input checked="" type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover
Credit Card Number <small>(no spaces or dashes)</small>	<input type="text"/>
Expiration Date	<input type="text"/> <input type="text"/>
Name on Credit Card	<input type="text"/>
	<input type="button" value="Continue"/> <input type="button" value="Clear"/>

Windows Internet Explorer



Please review your address. Verify if correct, or change if incorrect.

The following fields are required:

- Credit Card Number
- Expiration Month
- Expiration Year
- Name on Credit Card
- Please enter a valid Amount of Payment.
- Please Enter Valid Card Number

Once you click “continue”, you should see this  Review screen. Verify all information is correct, then click the “Complete Payment” button.

Please Confirm the information below.
If you wish to change any of the information below,
please hit your browser's back button.

Owner's Name	John Smith
Billing Address	123 Main St.
Billing Address 2	
Billing Address 3	
City, State ZIP	Sometown, FL 32819
Phone	1112223333
Email	testemail@email.com

CREDIT CARD INFORMATION

Card Type	VISA
Card Number	4111111111111111
Expiration Date	10/11
Amount	\$25.00
Card Holder's Name	John Smith

Complete Payment

Contact us at assessmentbilling@wn.com



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■ ■ ■ As the pop-up window says, only click on the payment button once. Allow 90 seconds for payment to process.

Please Confirm the information below.
If you wish to change any of the information below,
please hit your browser's back button.

Owner's Name John Smith
Billing Address 123 Main St.
Billing Address 2
Billing Address 3
City, State ZIP
Phone 11
Email te

CR

Card Type
Card Number
Expiration Date
Amount \$25.00
Card Holder's Name John Smith



Complete Payment

Contact us at assessmentbilling@wyn.com

■ Upon successful submission, your confirmation number will be shown at the top of your payment summary. It will also be emailed to you if you have entered your email address.

Thank You for your payment!

If you entered and verified your e-mail address this confirmation will also be e-mailed to you. Please print this page for your records.

Your confirmation # is 29501.

Project ID:	123
Contract ID:	123456
Name:	John Smith
Address1:	123 Main St.
Address2:	
Address3:	
City:	Sometown,
State:	FL
Zip Code:	32819
Phone:	1112223333
E-mail:	testemail@email.com
Country:	
Comment Code:	
Comments:	
Invoice Amount:	\$58.19
Amount Paid:	\$25.00
Date/Time:	10/10/2011 1:59 PM

Please allow 48 hours for your payment to post to your account on this site.



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- If an email address was provided, the confirmation email will look like the sample below.

