☐New Fitness/Membership Dues
☐ New Fitness/Membership Dues
☐Change Fitness/Membership Dues
Circle Type

Primary Member Name: _____
Primary ID Number: _____

Hidden Valley Lake

HIDDEN VALLEY LAKE PROPERTY OWNERS' ASSOCIATION
AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWALS

Bank Account Holder Name: _____

Phone No: _____ **Address:** _____

Lot Number(s): _____ **Email Address:** _____

I (we) hereby authorize the Hidden Valley Lake Property Owners Association to initiate debit entries on the 15th of each month, and to initiate, if necessary, credit entries and adjustments for any debit entries in error, to my (our) account indicated at the bank named below. Any **changes** or **cancellations** must be communicated to the POA office **BEFORE** the 10th day of the month to assure auto withdrawal stoppage. Failure to do so will result in an automatic withdrawal.

Payment Amount: $_____

Bank Name: _____

9-digit Routing Number (lower left corner of check): _____

Account Number: _____ **(choose one) ☐Checking ☐Savings**

This authority is to remain in full force and effect until the Hidden Valley Lake Property Owners Association has received written notification from me (us) of its termination in such time and in such manner as to afford the Hidden Valley Lake Property Owners Association and the bank a reasonable opportunity to act on it. I (we) understand that the withdrawal of this authority without the written consent to the Hidden Valley Lake Property Owners Association shall constitute a default of the agreement for which this payment is being made.

_____
Authorized Signature Lot # Date

_____
Print Name

**** ATTACH A COPY OF A VOIDED CHECK ****

For Office Use Only – Do Not Write Below This Line

Automatic Withdrawal Start Date: _____ **Date of Withdrawal: 15th of each month**

Monthly Amount: $_____ **Copy to Resident: ☐**

Revised 6/5/2024