



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

Property Owner's Name: _____

Address: _____ **Phone No:** _____

Lot Number(s): _____ **Payment Amount:** _____

I (we) hereby authorize Hidden Valley Lake Property Owners Association to initiate debit entries on the dates specified below, 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. I (we) understand that the payment amount **may** change and that Hidden Valley Lake Property Owners Association will notify us **in advance** of the withdrawal amount.

Please check desired plan: **Semi-Annual, 5th or 25th (circle one)** of January and July each year
OR **Monthly, 15th** of each month

Bank Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

9-digit Transit/ABA Number (lower left corner of check): _____

Account Number (choose one):

Checking: _____ **Savings:** _____

This authority is to remain in full force and effect until 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 Hidden Valley Lake Property Owners Association and the bank a reasonable opportunity to act on it. We understand that our withdrawal of this authority without the express written consent of 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

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: _____ Stop Date: _____

Semi-annual Amount: 5th or 25th _____ Monthly Amount: _____