Print Form

Hidden Valley Lake

# FITNESS CENTER

## AUTHORIZATION AGREEMENT FOR AUTOMATIC BANK 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 **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.

**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: _____

Date of Withdrawal: 15th of each month Monthly Amount: _____