



Hidden Valley Lake

FITNESS CENTER AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWALS

Property Owner's Name: _____ Member Number: _____

Address: _____ Email Address: _____

Phone No: _____ Lot Number(s): _____ Payment Amount: _____

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.

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

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: \$ _____