AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT (ACH DEBITS)

COMPANY NAME	TAX ID NUMBER
Lake Meeler Homeowners Association Inc	80-0809919

CHECK ONE:

[ ] ADD (NEW PREAUTHORIZED DEBIT PARTICIPANT)	[ ] CHANGE (FINANCIAL INSTITUTION AND/OR ACCOUNT NUMBER)	[ ] DELETE (CANCEL PARTICIPATION IN THE PROGRAM)

NOTE: Due to the time required for company and bank processing, please allow one or two weeks for processing.

I (We) herby authorize Lake Meeler Homeowners Association Inc., hereinafter called COMPANY, to initiate debit entries and to facilitate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the depository financial institution named below, hereinafter called BANK, to debit and/or credit the same in such account.

BANK NAME

TRANSIT ROUTING NUMBER (9 digits) _____

ACCOUNT NUMBER INFORMATION _____

[ ] CHECKING **[ ] SAVINGS**

This authority is to remain in full force and in effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Debit entries may vary according to dues increases/decreases. Please attach a voided check for account validation.

NAME(S) – Please Print	Unit # or Address	
MAILING ADDRESS	CITY/STATE	ZIP CODE
SIGNED	DATE	

Amount: $_____ **Dues are drafted: Annually**

Your account will be drafted on the 5th of the month your fees are due in. If the 5th falls on weekend or a holiday, the draft will occur on the next business day.

Compass Association MGMT Use Only:

Account #_____ Current Balance:_____ Start Date:_____
Entered By: _____ Date:_____ Bank_____ Excel:_____ RM:_____