

Authorization for Automatic Checking Account Withdrawal Monthly Bill Payment

FILL OUT AND RETURN TO:

Date: _____

PAHA
Attn: Kathy Carlson, President
14222 Park Avenue
Burnsville, MN 55337
952.215.7578
kathycarlson1@comcast.net

Homeowner(s): _____

Address: _____

Phone: _____

Email(s): _____

By signing this form, I/we request to enroll in Park Avenue Homeowners Association Automatic Payment program. I/we authorize Park Avenue Homeowners Association to collect payment of my/our Association monthly dues and monthly insurance assessment by initiating debit entries (deductions) to the bank account indicated on the attached voided check. Such debits are scheduled on or about the 10th of each month. I/we understand that this authorization will continue until I/we submit a written request to retract authorization. In addition, I/we acknowledge that in the event the Homeowner's bank rejects a transfer request due to an inadequate balance to cover the transfer, Homeowner(s) are responsible for reimbursing any fees assessed to the Association, as well as a late fee of \$30 per month.

Voided Check Attached

Month of first draft: _____

Homeowner Signed:

Date: _____

Homeowner Signed:

Date: _____