

AUTHORIZATION FOR PREAUTHORIZED PAYMENTS

I/We authorize the COMPANY (named below) to initiate debit entries to my/our account at the DEPOSITORY (identified below), for the purpose of accomplishing the following preauthorized payments:

COMPANY NAME: HERITAGE LAKE ASSOCIATION

COMPANY ID#

AMOUNT: The annual amounts approved by the Board for Lot Assessment, Road Fund and Lake Fund.

The annual amounts approved by the Board for Lot Assessment, Road Fund and Lake Fund and any other annual fees approved by the Association for a special or one-time fee.

I have the right to receive notice at least 10 days in advance of the due date of any payment of a varying amount. However, I choose to receive this notice

ONLY when an annual fee other than the Lot Assessment, Road Fund or Lake Fund is approved.

FREQUENCY: March 1, July 1 and October 1 (or for any special or one-time fee if checked above)

OPTIONAL: Effective Date _____ Termination Date _____

New Authorization

Change to Previous Authorization

DEPOSITORY NAME: _____

BRANCH: _____ PHONE: _____

CITY: See attached voided check/draft or deposit slip

CHK SAV _____

STATE: _____ ZIP: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

My/Our account will remain subject to its individual terms and conditions, which are not modified by this authorization.

I/We understand that this authorization will remain in full force and effect until the termination date stated above or until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and the DEPOSITORY a reasonable opportunity to act on it.

NAME(S) (Print): _____

ID # _____

Signature

Date

Signature

Date