

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

The annual amounts approved by the Board for Lot Assessment(s) and Lake Fund

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

I/We 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(s), OR Lake Fund is approved.

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

OPTIONAL: Effective Date _____ Termination Date: _____

DEPOSITORY NAME: _____

BRANCH: _____ **PHONE:** _____

CITY: _____

See attached voided check/draft or deposit slip

CHECKING

SAVING

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