BANK DRAFT AUTHORIZATION FORM LAKEWOOD HOMEOWNERS ASSOCIATION EMAIL: LIVINGATLAKEWOOD@GMAIL

PLEASE COMPLETE ALL APPLICABLE FIELDS

I authorize Lakewood Homeowners Association (hereafter referred to as "Association") to draft from my account with the Financial institution listed below. If any of the below information changes, I will promptly complete a new authorization agreement.

I (the Member) understand that by submitting this form means: Check appropriate box.

Monthly dues: \square \$40.90 will be directly drafted on the 1st of each month <u>**OR**</u> \square \$120.00 per quarter drafted the 1st of each quarter.

Check one of the following:	Start	Stop	Changing Account	Adding an Acc	ount	
Effective Date:	🗌 As Soon As Possik	ole De Future date:	/	/		
Account # – (Type of Account Financial Institution Name (NAME OF BANK)	: please check one) 🗌 Ch	necking (<u>voided check only</u> ,	deposits slip are not accepted))	<u>nly</u>)	
City:		State:	Zip:	Phone:		
ABA Bank Routing Number (must be 9 numbers) Account Number (not to exceed 17 numbers)						
					I	

(Enter the above information from the bottom of your check or savings deposit slip, do not include the check number)

In order to sign up for Direct Draft, you must attach a copy of a personal check or deposit slip. For security reasons we recommend that the check is Voided

PLEASE NOTE- YOUR QUARTERLY STATEMENT WILL REFLECT YOUR AUTOMATIC PAYMENT FOR THAT BILLING CYLCE.

PLEASE STAPLE YOUR VOIDED CHECK OR DEPOSIT SLIP IN THIS AREA

This authorization will be in effect until the "Association" receives a *written* termination notice from the member below:

X	X
Member's Signature	Date
Print First, Middle Initial and Last Name	Home Phone Number
Mailing Address	
LAKEWOOD HOMEOWNERS ASSOCIATION 6790 Maplewood Gilmer,	TX 75645 ■ 903-734-4127

www.LivingatLakewood.com