



Townhouse Association

1 Perralena Lane Hot Springs Village, AR 71909
 Phone (501) 922-1375 Fax (501) 915-9347 Email Address hsv.tha@sbcglobal.net

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS
ACH Debits-Bank Draft - For payment of Monthly Assessments
Payments Will Be Drawn on Your Account between the 4th and 6th of each month

I/(We) do hereby authorize the above - named company, hereinafter referred to as the Originator, to initiate debit entries to the account indicated below, and to initiate corrective reversal entries (credits) to the account indicated below in the event any debit entries are originated in error.

Name of Bank: _____

Location of Bank: City _____ State _____ Zip _____

Transit/Routing Number: _____ (nine digits)

Account Number: _____

_____ Checking Account _____ Savings Account

This authorization will remain in effect until the Originator has received my/our written notification of its termination in such time and in such manner as to afford the Originator a reasonable opportunity to act upon it.

NAME: _____
 (Please print)

ADDRESS: _____

EMAIL: _____

PHONE: _____ DATE: _____ SIGNED: _____

Property Location				Per Month
Property Location				Per Month
Property Location				Per Month
Property Location				Per Month
Property Location				Per Month

Townhouse Address Unit# Assessment

AFFIX VOIDED OR CANCELED CHECK BELOW