



Townhouse Association

1 Perralena Lane, Hot Springs Village, AR 71909

Ph: (501) 922-1375 | Fax: (501) 915-9347 | Email: hsv.tha@sbcglobal.net | Website: www.hsvtha.com

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

Payments Will Be Drawn on Your Account on the 5th of Each Month

I/(We) do hereby authorize the above-named company, hereinafter referred to as the Originator, to initiate debit entries for any fees currently due to the association, 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: _____

Month to Start Draft: _____

_____ 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.

Please Print Clearly

NAME: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

SIGNATURE: _____ **DATE:** _____

Townhouse Address

Unit #

Recurring Monthly Assessment

Property Location			
Property Location			
Property Location			
Property Location			
Property Location			
Property Location			

AFFIX VOIDED OR CANCELED CHECK BELOW

PLEASE RETURN THIS FORM TO THE TOWNHOUSE ASSOCIATION OFFICE

Rev 1/24/2023