

HIDDEN LAKE VILLAS CONDOMINIUM ASSOCIATION, INC.

Maintenance Fee Auto Debit Authorization

Name on Deed: _____

Property Address: _____

Owner Last Name: _____ Start Date: _____

Name of Bank: _____

Name on Bank Account: _____

Bank Account #: _____ Routing #: _____

Checking or Savings: _____

Home Phone: _____ Day Phone: _____

Email address: _____

I HAVE ATTACHED A BLANK VOIDED CHECK AND HEREBY AUTHORIZE MY FINANCIAL INSTITUTION TO DEBIT MY ACCOUNT IN THE NAME OF MY HOMEOWNERS ASSOCIATION. I ALSO REALIZE THE AUTO DEBIT WILL APPEAR ON MY BANK STATEMENT BETWEEN THE 3rd AND 10TH WORKING DAY OF THE FIRST MONTH OF THE QUARTER FOR EACH QUARTERLY ASSESSMENT. IN ADDITION, I UNDERSTAND THIS AUTO DEBIT WILL REMAIN IN EFFECT UNTIL I NOTIFY MY ASSOCIATION IN WRITING, 30 DAYS PRIOR TO CANCELING THE AUTO DEBIT. I ALSO GIVE THE ASSOCIATION AUTHORITY TO INCREASE THE AUTO DEBIT AS MAINTENANCE FEES ARE INCREASED BY THE BOARD OF DIRECTORS.

SIGNATURE _____ DATE _____

Please attach voided check or savings deposit ticket here.