

**LAKENGREN PROPERTY OWNERS ASSOCIATION  
dba LAKENGREN VIDEO/INTERNET MANAGEMENT (LVIM)  
Authorization Agreement for Automatic Payment via ACH**

**PLEASE COMPLETE THIS FORM & INCLUDE VOIDED CHECK**

**DEDUCTIONS WILL BE INITIATED ON THE 20<sup>TH</sup> OF EACH MONTH FOR INTERNET AND/OR CABLE TV SERVICES BEGINNING:\_\_\_\_\_.**

*Check Services*  *Internet \$75.50/Month\**       *Cable TV \$53.50/Month\**  
*\*Rates Subject to Annual Increase In January*

**Customer Information**

Name \_\_\_\_\_ Lot # \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Financial Institution Information**

Financial Institution's Name \_\_\_\_\_  
ABA Routing # \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Account Type  Checking  Savings

**ATTACH VOIDED CHECK HERE**

**Authorization**

*I hereby authorize **LAKENGREN PROPERTY OWNERS ASSOCIATION dba LAKENGREN VIDEO/INTERNET MANAGEMENT (LVIM)** to initiate debit entries to my (our) account indicated above. This authority is to remain in full force and effect until written notice from me has been received by the company in such a manner as to afford reasonable time to act on it.*

Date \_\_\_\_\_ Signature \_\_\_\_\_