

**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 20TH OF EACH MONTH FOR INTERNET AND/OR CABLE TV SERVICES BEGINNING:_____.

Check Services *Internet \$78.50/Month** *Cable TV \$55.50/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 _____