

**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** *Cable TV**

**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 _____