

HEATHERWOOD AREA HOMES ASSOCIATION

DUES CREDIT/DEBIT AUTHORIZATION FORM

I/WE _____ HEREBY AUTHORIZE Heatherwood Area Homes Association to initiate entries to my checking/savings account at the financial institution listed below and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Heatherwood Area Homes Association is notified by Me/Us in writing to cancel it in such time as to afford Heatherwood Area Homes Association and The Financial Institution a reasonable opportunity to act on it.

Name of Homeowner's Financial Institution: _____

Address of Financial Institution: _____

Checking or Savings Account Number: _____

Financial Institution Routing Number: _____

Dues Amount: \$ _____

Date to Start withdrawal: _____

Full Name as listed on the account: _____

Home Address: _____

Signature: _____ Date: _____

Please remit this form to:

Supporting Strategies, Inc.
Attn: Tom Ross
4601 College Blvd., Suite 200
Leawood, KS 66211

OR Email to: hah@ksc.myworkplace.co (not com)

Do not send this form to the Heatherwood HOA Board, but do notify the HOA Treasurer of your submission of this form to Supporting Strategies via email to:

Heatherwood.treas@gmail.com