

HEATHERWOOD HOMES ASSOCIATION  
DUES CREDIT/DEBIT AUTHORIZATION FORM

I/WE \_\_\_\_\_ HEREBY AUTHORIZE Heatherwood 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 Homes Association is notified by Me/Us in writing to cancel it in such time as to afford Heatherwood 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](mailto:hah@ksc.myworkplace.co) (not com)

Do not send this form to the Heatherwood HOA Board, but please *be sure to notify the Board Treasurer of your submission of this form to Supporting Strategies via email* – Thank you.