

# Landmark Club Condominium

Automatic Association Payment Authorization

(Attach Voided Check)

Association: Landmark Club Condominium Unit No: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ **Text** \_\_\_\_\_

Bank Routing No: \_\_\_\_\_ Acct. No: \_\_\_\_\_

\_\_\_\_ Maintenance \$ \_\_\_\_\_

\_\_\_\_ Special Assessment \$ \_\_\_\_\_

\_\_\_\_ Valet \$ \_\_\_\_\_

Desired payment withdrawal date (on or before the 10<sup>th</sup> of the month) \_\_\_\_\_

By signing below, I hereby authorize the above Association to initiate debit entries, no earlier than the payment date stated above, from my checking or savings account at the financial institution listed above for the purpose of making my condominium association payments. The transfer of funds from my account will not cease until the Association receives written notification from me within 15 days before the next transaction is due.

Signed \_\_\_\_\_ Date \_\_\_\_\_