



The Landmark

CLUB CONDOMINIUM ASSOCIATION INC.

Automatic Association Payment Authorization

(Attach Voided Check)

Association: Landmark Club Condominium Unit No. _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Financial Institution: _____

Bank Routing No. _____ Acct No. _____

___ Maintenance \$ _____

___ Special Assessment \$ _____

___ Valet \$ _____

Desired payment withdrawal date (on or before the 10th 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 the 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 _____