|  |  |
| --- | --- |
| A sign with text on it  Description automatically generated | East Oaks HOA - Automatic Payment**AUTHORIZATION FORM** (Required Fields)**Effective Date of Authorization:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ |
| **Type of Authorization:** Stop outlineNew Authorization Stop outline Change Payment Amount Stop outline Change Payment Date Stop outlineChange Banking Information Stop outline Discontinue Electronic Payment |
| Last Name | First Name |
| Street Address |
| City | State | Zip |
| Email Address |
| **Payment Frequency** Stop outline ONE-TIME Recurring (select one) Stop outline WEEKLY Stop outline MONTHLY Stop outline ANNUAL Stop outline OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date of One-Time Payment** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ **Amount** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date of First Payment** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ **Amount of Recurring Payment:** $363.75 |
| **Please debit payment from my (check one)** Savings Account(contact your financial institution for your routing #) Checking Account(staple a voided check to bottom of page) | Routing Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Valid Routing # Must Start With 0, 1, 2 or 3Account Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_See the source image |
|  |  |
| ***I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.***Authorized Signature: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |