



East Oaks HOA - Automatic Payment AUTHORIZATION FORM (Required Fields)

Effective Date of Authorization: ____/____/____

Type of Authorization:

- New Authorization
- Change Payment Amount
- Change Payment Date
- Change Banking Information
- Discontinue Electronic Payment

Last Name

First Name

Street Address

City

State

Zip

Email Address

Payment Frequency ONE-TIME Recurring (select one) WEEKLY MONTHLY ANNUAL OTHER _____

Date of One-Time Payment ____/____/____ Amount \$ _____

Date of First Payment ____/____/____ Amount of Recurring Payment: \$363.75

Please debit payment from my (check one)

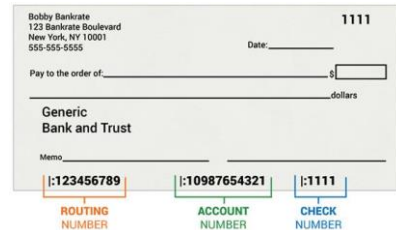
Savings Account
(contact your financial institution for your routing #)

Checking Account
(staple a voided check to bottom of page)

Routing Number:

Valid Routing # Must Start With 0, 1, 2 or 3

Account Number:



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: _____