

OWNER INFORMATION

Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Alt. Phone #: _____

Section/Lot Numbers: _____ 911 Address: _____

Email Address: _____

Please forward all statements to the email address listed above.

Owner(s) Signature

AUTO PAY AUTHORIZATION FORM

I (we) authorize HV of Livingston Owners Association, a/k/a Holiday Villages, 700 Cooke Jones Rd, Pointblank, Tx 77364, to initiate deductions from my (our) bank account indicated below when payments are due for my (our) Annual Assessment/Special Assessment. I authorize the financial institution below to honor the deductions initiated by HV of Livingston Owners Association, a/k/a Holiday Villages. I (we) acknowledge that the origination of these deductions (ACH transactions) to my/our account must comply with the provisions of the U. S. law.

BANK FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Routing/Transit # of financial institution: _____ Account #: _____

Type of Account: Checking Savings

Monthly Quarterly Bi-Annually Yearly Preferred Withdrawal Day: _____

Or CREDIT CARD INFORMATION

Credit Card No.: _____ Expiration Date: _____

Security Code: _____

Mailing Address for Credit Card: _____

This authority is to remain in full force and effect until HV of Livingston Owners Association, a/k/a Holiday Villages, has received written notification from me (or either of us) of its termination in such time and manner as to afford HV of Livingston Owners Association, a/k/a Holiday Villages, and the Financial Institution a reasonable opportunity to act on it.

Signature of Owner

Date: _____

Printed Name

PLEASE ATTACH A VOIDED CHECK TO THIS FORM