



Authorization for Automated Assessment Payment

Primary Member Name _____ Member ID _____

Lot/Block/Addition _____ Property Address _____

Telephone _____ Email Address _____

Bank Account Information

Financial Institution Name _____

Checking Account Number _____

Bank Routing (ABA) Number _____

*****Please attached a voided check (no deposit slips) to ensure accurate processing *****

Choose Draft Below

Assessment accounts must have a zero balance at the starting date of your selected draft. Applications must be received by the 15th of the month prior to the draft start date.

Unimproved Property

- _____ Monthly (drafted the 1st business day of each month) \$39.85 (2020 Rates)
- _____ Quarterly (drafted the 1st business day of each quarter) \$119.55 (2020 Rates)
- _____ Annually (drafted the 1st business day of the year) \$478.20 (2020 Rates)

Improved Property

- _____ Monthly (drafted the 1st business day of each month) \$69.05 (2020 Rates)
- _____ Quarterly (drafted the 1st business day of each quarter) \$207.15 (2020 Rates)
- _____ Annually (drafted the 1st business day of the year) \$828.60 (2020 Rates)

I _____ hereby authorize the Hot Springs Village Property Owners Association to initiate debit entries to my account listed above at the depository financial institution named above, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. law.

I understand that assessment amounts may increase, as approved by the Board of Directors or by vote of the membership, and that this authorization covers any approved assessment increases. This authorization is to remain in full force and effect until Hot Springs Village POA has received written notification to terminate. Notification of termination must be received by the 15th of the month prior, in order to be terminated by the next draft date.

The Hot Springs Village POA may assess a service charge for any automatic withdrawal returned for any reason. I understand that it is my responsibility to notify the HSVPOA of any account changes.

Signature of Account Holder: _____ Date: _____

