

# Auto Debit Authorization Form - Meadows

Member#: \_\_\_\_\_

Association's Name: **Herons Glen Meadows Homeowners' Association**

Name On Account: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Name On Bank Account: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

I have included a blank voided check and hereby authorize my financial institution to debit my account in the name of Herons Glen Meadows Homeowners Association.

I authorize the Meadows HOA to debit my bank account the balance due on the last business day of the month.

In addition, I understand this auto debit will remain until I notify my association in writing 30 days prior to canceling the auto debit.

I also give the Meadows HOA the authority to change the auto debit as maintenance fees are changed by the Board in future years.

**Please indicate the quarter you wish to start deduction**

<b>Assessment:</b>	
Month Start Date:	_____
Assessment Frequency:	_____ Quarterly
Assessment Amount:	_____

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please mail this form to: Administration Office Attn: Carol Bratten  
2250 Herons Glen Blvd., Suite #100, North Fort Myers, FL 33917*

Please attach a copy of a voided check to this form