

Auto Debit Payment Authorization Form - Fairways

Member#: _____

Association's Name: **Herons Glen Fairways 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 Fairways Homeowners Association.

I authorize the Fairways 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 Fairways 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

Assessment:
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