



HOMEOWNER'S ASSOCIATION
ELECTRONIC FUND TRANSFER PAYMENT
AUTHORIZATION FORM

This is my (our) authorization to my bank, named below, to deduct from my checking or savings account (specified below) and to pay Lake Jovita Homeowner's Association (LJHOA) the amount of my quarterly dues. This authorization shall continue until written notice of cancellation is received by either the bank or Lake Jovita Homeowner's Association in such time as to afford a reasonable opportunity to act on it.

LJHOA Lot Number _____

Name as it appears on your LJHOA Statement: _____

- Checking Account No. _____
- Savings Account No. _____

Bank Name: _____ Branch: _____

Bank's Mailing Address: _____

PLEASE SIGN YOUR NAME EXACTLY AS YOUR SIGNATURE ON YOUR CHECKS.

SIGNED: _____
DATE: _____

SIGNED: _____

****PLEASE ENCLOSE A BLANK VOIDED CHECK SO THAT WE WILL HAVE ROUTING AND ACCOUNT NUMBERS.**

*****Electronic fund transfers can only be accomplished with banks in the United States*****

TO BE COMPLETED BY LJHOA

TRANS/ABA NO. _____

BANK ACCOUNT NO. _____