

Electronic Funds Transfer Authorization

Tower Lakes Condo Association
P.O. Box 3866 Mansfield, OH 44907

Name: _____

Address : _____

Phone No. _____ Bldg No. _____

Account to be Debited:

Routing No. _____ Account No. _____

Financial Institution: _____

Checking Savings

Amount of payment (to be deducted monthly):

Date to begin Automatic Payment ____/____/____ Amount \$_____

I understand that deposit transactions will be made by the date mutually agreed upon and it is my responsibility to maintain a sufficient balance in my account to make the transaction. I understand that the Electronic Funds Transfer may be terminated if there is an insufficient balance in my account for two consecutive months. This authorization will remain in effect until the Tower Lakes Condo Association has received written notice from me in such time and in such manner as to afford Tower Lakes Condo Association a reasonable opportunity to act on it.

Authorized Account Owners Signature _____ Date ____/____/____

PLEASE RETURN THIS FORM ALONG WITH A VOIDED CHECK TO THE TOWER LAKES TREASURER. (Melanie Riggleman, 1672 Wilmington Pt)

01/01/2022