## ACH Debit Authorization Form Hide-A-Way Hills Club AVAILABLE FOR MONTHLY & ROADS ASSESSMENTS ONLY

Name on A	ccount (Print)		Account Holder's Phone #	
Lot #	Mailing Address			
City		State	Zip Code	
I authorize the following:		<ul> <li>New Payment from Account Specified Below</li> <li>Change Indicated Below</li> <li>Discontinue Electronic Fund Transfer from Account Specified Below</li> </ul>		
Bank Accou	unt Information			
Bank Name				
Account Typ	oe: Checking (please atta			
Routing Nu	mber:			
Account Nu	mber:			
Authorizatio	on Effective Date:			
Reason for	Auto Debit (Monthly or R	oads Asmt):		
Amount: [	CURRENT MONTHLY (COOR OTHER AMOUNT:			
Payment So	chedule:	hly		
		☐ 10 <sup>th</sup> of the N		
	□ One ¬	$\square$ 20 <sup>th</sup> of the N Fime	Nonth	
remain in ef	fect until I give reasonable	change or cancellation	pecified on this form. This authorization wil notice to terminate authorization. I e charged to my account for NSF debits.	
Authorized	Account Signature:		Date:	
		***HAH OFFICE USE C	ONLY***	
Date	e Entered		Ву	