

Lake Highlander Mobile Home Park

A Jewel of a Florida Retirement Park

Authorization Agreement for Monthly Maintenance Payments

ACH Authorization			
Individual Name	First Name	Middle Name or Initial	Last Name

I (we) hereby authorize Lake Highlander RO Association, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking Savings account (select one) indicated below and the depository named below, hereinafter called BANK, to debit and/or credit the same to such account.

Bank Information			
Bank Name			
Transit/ABA No.: ("Routing Number")		Account #:	
Account Title			

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Resident Name(s) _____

Signature(s) _____ Date _____

I (we) wish for this transaction to take place starting on _____ and to recur
 once a month, every two weeks, other: _____

CHECK ONE: I am not currently participating in the Automated Payment Program.
 ADD – Debit the account shown.

I am currently participating in the Automated Payment Program.
 CHANGE – Change financial institutions and/or account number.

TAPE VOIDED CHECK HERE
(Voided check not necessary, but recommended)