



THE VILLAGES OF KIRKWOOD HOMEOWNERS ASSOCIATION INC

Address: PO BOX 23094, LEXINGTON, KY 40523

E-mail: kirkwoodlex@yahoo.com

Web: www.kirkwoodhoa.com

Debit Authorization

I (we) hereby authorize The Villages of Kirkwood Homeowners Association, Inc., hereinafter called COMPANY, to initiate debit entries for HOA Dues from my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions from my (our) account must comply with the provisions of U.S. law.

Account Holder Name _____ Account Holder Phone _____

Account Holder Address _____ City/ST/Zip _____

Financial Institution Name _____ Branch City/ST/Zip _____

Routing Number _____ Account Number _____

Type of Account: Checking Savings First Payment Date: _____

Payment Amount: HOA Dues (per frequency) Variable (specify) \$ _____

Frequency: One-time Monthly Quarterly Annually

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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Name _____ Signature _____

_____ Kirkwood Village Unit Number(s)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM _____