

OFFICE USE ONLY	
Date _____	Staff initials _____
Improved _____	Unimproved _____
Copy to member (Staff initials & date) _____	



P.O. Box 6210
Bella Vista, AR 72714
Phone: (479) 855-8000
Fax: (479) 855-4901

AUTOMATIC BANK DRAFT AUTHORIZATION AGREEMENT

I (We) hereby authorize the Bella Vista Village Property Owners Association (the "Association") to initiate debit entries (and credit entries, if necessary) to me (our) checking account indicated below, and I (we) request and authorize the financial institution named below to accept and honor the same and to charge the same to my (our) account. I (We) understand Assessments and (or) Water/Sanitation Accounts must be current to be eligible. I (We) further authorize the Association to debit my (our) account for fees the Association levies because of returned or unaccepted bank drafts or payment orders.

This authorization will remain in effect until the Association has received written notification from me (or other authorized person) of its termination in such time as to afford the Association a reasonable time to act on the termination.

Primary Member Name (print): _____ Phone: _____

E Mail Address: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

I (We) authorize the following to be paid by Automatic Bank Draft:

_____ MONTHLY ASSESSMENTS - (drafts on the 4th business day of the month)

_____ MONTHLY WATER - (drafts on the 15th of the month)

If the draft date falls on a weekend or a holiday, the bank draft will be made on the first business day following those dates.

___ CHECKING ACCOUNT
___ SAVINGS ACCOUNT
___ BANK CHANGE
___ ADD ACCOUNT
___ OWNER
___ RENTER

MEMBER # _____
SUB - BLK - LOT _____
SUB - BLK - LOT _____
SUB - BLK - LOT _____
SUB - BLK - LOT _____
SUB - BLK - LOT _____

Revised 11/16/16

ATTACH AN UNSIGNED VOIDED CHECK
(do not use a deposit slip)

_____ **STOP BANK DRAFT**

Check here to authorize Stop ACH