



Automatic Bank Draft Authorization Agreement

Phone: (479) 855-8000
Fax: (479) 855-4901

We recommend downloading this form and completing in Acrobat Reader. Some web browsers limit functionality of PDF forms.

OFFICE USE ONLY	
Date _____	Staff Initials _____
<input type="checkbox"/> Improved	<input type="checkbox"/> Unimproved
Copy to Member _____	_____
Initials	Date

I hereby authorize the Bella Vista Property Owners Association (BVPOA) to initiate debit entries (and credit entries if necessary) to my bank account indicated below, and I request and authorize the financial institution named below to accept and honor the same and to charge the same to my account. **I understand that Assessment and Water accounts should be current; the automatic bank draft authorized here will not collect funds for prior balances due.** I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank so long as the transactions correspond to the terms of this form.

This authorization will remain in effect until the BVPOA has received written notification from me or my legal representative in such time as to afford the BVPOA a reasonable time to act upon the termination.

Please complete the information below:

I, (print name) _____ authorize the Bella Vista Property Owners Association to charge my account as detailed below.

Billing Address _____ Phone _____

City, State, Zip _____ Email _____

Signature _____ Date _____

Signature 2 _____ Date _____

Both signatures required if joint bank account.

Bank Change

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

Monthly Assessments - Drafts the 4th business day of the month: Yes No

Owner

Monthly Water - Drafts the 15th day of the month: Yes No

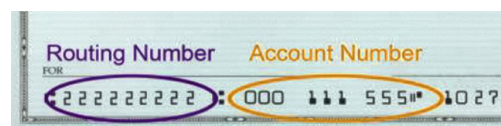
Renter

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

Property Information (for assessments)	
Member # _____	_____
Sub-Blk-Lot _____	_____
Sub-Blk-Lot _____	_____

Water Information	
Member # _____	_____
Water Acct. # _____	_____
Water Acct. # _____	_____

Checking/Savings Information	
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Account _____	_____
Bank Name _____	_____
Bank Routing # _____	_____
Bank Account # _____	_____
Bank City/State _____	_____



Check here to STOP Bank Draft

Stop Bank Draft

Mail completed form to:

POA Accounting Office
P.O. Box 6210 • Bella Vista, AR 72714