

# Automatic Bank Draft Authorization Agreement



Phone: (479) 855-8000

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 4<sup>th</sup> business day of the month:  Yes  No

**Owner**

**Monthly Water** - Drafts the 15<sup>th</sup> 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 \_\_\_\_\_

**Checking/Savings Information**

Checking  Savings

Name on Account \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank Account # \_\_\_\_\_

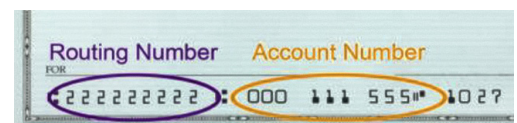
Bank City/State \_\_\_\_\_

**Water Information**

Member # \_\_\_\_\_

Water Acct. # \_\_\_\_\_

Water Acct. # \_\_\_\_\_



Check here to STOP Bank Draft

**Stop Bank Draft**

Mail completed form to:  
**POA Accounting Office**  
**P.O. Box 6210 • Bella Vista, AR 72714**