



AUTHORIZATION FOR AUTOMATED ASSESSMENT PAYMENTS

Member Name (Primary): _____

Member Number: _____

Lot/Block/Addition: _____

Telephone: _____ Mobile Phone: _____

Email Address: _____

Address: _____

City/State/Zip: _____

Bank Account Information:

Financial Institution Name: _____

Checking Account Number: _____

Bank Routing (ABA) Number: _____

*****Please attach a voided check (no deposit slips) to ensure accurate processing*****

Choose draft below: (2017 Rates)

Unimproved Lot

_____ \$ 37.80
_____ \$113.40
_____ \$453.60

Frequency

Monthly (drafted 1st business day of month)
Quarterly (drafted 1st business day of each quarter)
Annually (drafted 1st business day of the year)

Improved Lot

_____ \$ 65.50
_____ \$196.50
_____ \$786.00

Frequency

Monthly (drafted 1st business day of month)
Quarterly (drafted 1st business day of each quarter)
Annually (drafted 1st business day of the year)

Your assessment account must have a zero balance at the starting date of your selected draft. Your application must be returned by the 15th of the month prior to your draft start date.

I authorize HSV POA to charge my checking account as I have indicated above. This authorization is to remain in full force and effect until Hot Springs Village Property Owners' Association has received written notification to terminate. Written notification to terminate must also be received by the 15th of the month in order to terminate by the next draft date.

You may mail this form to Hot Springs Village Property Owners Association at 895 DeSoto Blvd., Hot Springs Village, AR 71909 or bring to the office at the same address between 8:00 a.m. and 4:30 p.m. Monday – Friday.

Signature: _____

Date: _____