



## AUTHORIZATION FOR AUTOMATED UTILITY PAYMENTS

Member Name (Primary): \_\_\_\_\_

Utility Account 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\*\*\***

***Your Utility account must have a zero balance at the starting date of your selected draft. Your application must be returned one billing cycle prior to the date your draft is able to start. You will continue to receive your Utility Bill prior to the payment / draft date. If you have any questions, please call 501-922-5520 or email [ctaylor@hsvpoa.org](mailto:ctaylor@hsvpoa.org) prior to the payment / draft 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 15<sup>th</sup> 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: \_\_\_\_\_