

Port Warren HOA & MOA
AUTOMATIC WITHDRAWAL AUTHORIZATION

Purpose of Authorization: (check one)

☐ New Authorization
(complete A, B, C and F)

☐ Change to Existing Authorization
(complete A, B, D and F)

☐ Cancellation
(complete A and E)

A. Customer Information

Customer's Name (please print)

Account Number

Address

City, State, Zip

B. Banking/Financial Institution Information

Name of Bank/Financial Institution

Phone Number of Institution

Address

Account Number

Address

Bank ABA/Routing #

Address

☐ Checking ☐ Savings

C. New Authorization Statement

I authorize and request Port Warren HOA and MOA to instruct my financial institution to make my monthly payment in the amount of \$ _____ for the HOA and \$ _____ for the MOA. I also understand I may discontinue this authorization at any time by giving written notice to Port Warren HOA & MOA. I realize this information will be used solely for the purpose of consumer withdrawal.

Customer's Signature

Date

D. Change Authorization Statement

I authorize and request Port Warren HOA & MOA to make the changes indicated on this form for automatic withdrawal for monthly payment to my account.

Customer's Signature

Date

E. Cancellation Statement

I request Port Warren HOA & MOA to terminate my authorized automatic withdrawal for payment to my account. I will allow a reasonable time for Port Warren HOA & MOA to act upon my request to terminate this agreement.

Customer's Signature

Date

F. Attach a voided check.