ACH Debit Authorization Form
Hide-A-Way Hills Club
AVAILABLE FOR MONTHLY & ROADS ASSESSMENTS ONLY

_____ _____
Name on Account (Print) **Account Holder's Phone #**

_____ _____
Lot # **Mailing Address**

_____ _____ _____
City **State** **Zip Code**

I authorize the following:

- ☐ New Payment from Account Specified Below
- ☐ Change Indicated Below
- ☐ Discontinue Electronic Fund Transfer from Account Specified Below

Bank Account Information

Bank Name_____

Account Type: ☐ Checking (please attach a voided check or deposit slip)
☐ Savings (please attach deposit slip)

Routing Number: _____

Account Number: _____

Authorization Effective Date: _____

Reason for Auto Debit (Monthly or Roads Asmt): _____

Amount: CURRENT MONTHLY (OR ROADS) ASSESSMENT AMOUNT
OR OTHER AMOUNT: $_____

Payment Schedule:

- ☐ Monthly
  - ☐ 10th of the Month
  - ☐ 20th of the Month
- ☐ One Time

I authorize Hide-A-Way Hills Club to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand there will be a $35.00 non-sufficient fund (NSF) fee charged to my account for NSF debits.

Authorized Account Signature:_____ **Date**:_____

*****HAH OFFICE USE ONLY*****

_____ _____
Date Entered By