

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS
for **Monthly Assessment Payments**
Automatic Bank Draft (ACH)
Authorization Agreement

CHEROKEE VILLAGE
TOWNHOUSE ASSOCIATION (CVTA)
P.O. Box 475 Cherokee Village, AR 72525
Phone: (870) 710-1710
cherokeevillagetownhouse@outlook.com
Website: cherokeevillagetownhouse.com

Monthly Assessments will Draft on the **5th business day** of each month.

I(We) (print name(s)) _____ authorize the Cherokee Village Townhouse Association (CVTA) to initiate debit entries (and credit entries if in error) to my bank account indicated below. I understand that the CVTA Assessment should be current and this form will not collect funds for prior balances due. I request and authorize the financial institution named below to accept and honor and to charge my account.

Bank Name _____ **City** _____ **State** _____ **Zip** _____

Routing # _____ **Account #** _____

Month to Start Draft: _____

This authorization will remain in effect until the CVTA has received written notification from me or my legal representative in such time as to afford the CVTA a reasonable time to adjust the termination.

Signature _____ **Date** _____ **Phone** _____

Signature2 _____ **Date** _____ **Phone** _____

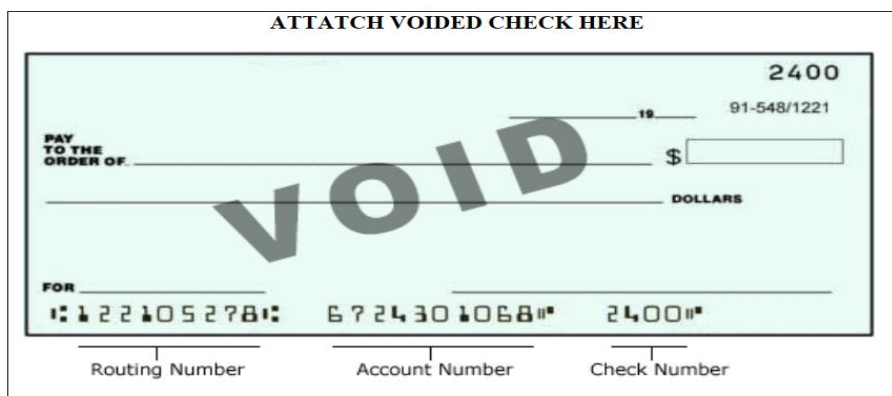
Joint bank account, both signatures are required.

Please PRINT

Email _____

Property Address _____

Billing Address _____ **City, State, Zip** _____



Automatic Bank Draft (ACH).
Monthly Assessments will
Draft on the **5th business day**
of each month.
Please Note: Drafts falling on
a weekend or holiday,
the bank draft will be process
on the next business day.

Mail this completed form with your voided check to:

CVTA
P.O. Box 475
Cherokee Village, AR 72525