

**Ventana Lakes Property Owners Association  
Quarterly Property Owner Assessment Payments  
Authorization for Automatic Debit**

**Property Owner Name(s):** \_\_\_\_\_

**Property Owner Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Property Owner Phone:** (    ) \_\_\_\_\_ - \_\_\_\_\_

I (we) hereby authorize **Ventana Lakes Property Owners Association**

Hereinafter called VLPOA, to initiate debits to my (our) \_\_\_\_\_ Checking / Savings \_\_\_\_\_ account indicated below and I (we) further authorize the Financial Institution named below to accept such entries and to credit the amount thereof to such account.

**Financial Institution Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Branch** : \_\_\_\_\_ **City** : \_\_\_\_\_  
**Account Number** : \_\_\_\_\_ **State** : \_\_\_\_\_ **Zip:** \_\_\_\_\_

This authority is to remain in full force and effect until **VLPOA** and Financial Institution has received written notification from me (or either of us) of its termination in such time and manner as to afford **VLPOA** and Financial Institution a reasonable opportunity to act upon it.

**Name:** \_\_\_\_\_  
(Print) (Signature) (Date)

**Name:** \_\_\_\_\_  
(Print) (Signature) (Date)

**PLEASE INCLUDE A VOIDED CHECK FOR THE ABOVE-SPECIFIED ACCOUNT. THIS WILL INSURE THE ACCURACY OF THE ACCOUNT AND ROUTING NUMBERS NEEDED FOR THE DIRECT DEBIT.**

**\*\*Community Association Banc will be facilitating the quarterly direct debits for Ventana Lakes Property Owners Association. Direct Debits will occur on or before the 10<sup>th</sup> of the billing month.**

**AUTHORIZATION WILL TAKE EFFECT NOT LESS THAN 10 DAYS AFTER ACCEPTANCE BY THE FINANCIAL INSTITUTION.**