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Application for Electronic Fund Transfer

Authorization Agreement

Condo Association: _____

Unit Number: _____

Name

I hereby authorize Lakes Property Management LLC to initiate electronic fund entries to my:

Checking Account _____

Savings Account _____

Auto Withdrawal Start Date: ____ / 1 / 20 ____

indicated below, and I authorize the Financial Institution named below to debit my account for regular monthly or quarterly association dues.

Financial Institution

City, State

Account Number

Bank Routing/Transit Number

Monthly _____ Quarterly _____

<u>LPM Accounting</u>	
Notes _____	

<u>Date</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I understand that this is a continuous payment method and that if I wish to terminate or change my payment method in any way, I must give Lakes Property Management LLC a 30-day written notice. I further understand that should any association dues/payments not be honored by my bank for any reason, that I am still responsible for the payment plus a service charge of \$25 applied by Lakes Property Management LLC. This is in addition to any service fee my bank may charge. I understand that it is my responsibility to notify Lakes Property Management LLC in writing should I change my financial institution and/or account at any time, at least 10 days prior to my payment due date.

Authorized Signature

Date

****A voided check must be attached to this application to be considered complete.****