

B E L L A V I S T A
Townhouse Association

*****AVOID LATE CHARGES*****

AUTHORIZATION AGREEMENT AUTOMATIC BANK DRAFT

I (we) hereby authorize Bella Vista Townhouse Association to initiate debit entries to my (our) bank account as indicated below (attach a voided check).

NAME_____

SIGNATURE_____

DATE_____

TOWNHOUSE ADDRESS_____

This authority is to remain in full force and effect until Bella Vista Townhouse Association has received notification from me (or either of us) of its termination is such time and in such manner as to afford Bella Vista Townhouse Association a reasonable opportunity to act on it.

OFFICE USE ONLY

**Deductions will be made beginning with the month of _____ and
on the 5th day of the month thereafter unless 5th is a weekend or Holiday.**

P.O. Box 5301, Bella Vista, AR 72714-0301, Phone/Fax (479)855-9328

E Mail: BVTHA@sbcglobal.net

Web site: BVTH.com