

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)
Payment Plan Submission Form**

Homeowner Name: _____

Account number: _____ Telephone Number: _____

Property Physical Address: _____

Billing Address (if different) : _____

I (we) hereby authorize **Property Owners Association of Lake Ridge**, hereinafter called COMPANY, to initiate debit entries to:

My (Our): ___ Checking Account or ___ Savings Account Start Date_____

indicated below at the depository financial institution named below, hereafter-called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

All remaining installments of the payment plan agreement will be directly debited from your account through ACH. By signing this form, you are agreeing to have your remaining scheduled installments drawn directly from your bank account without additional notification.

Depository Name: _____ Branch _____
City: _____ State: _____ Zip: _____ - _____

Routing Number: _____ Account Number: _____

The submission of this request requires an initial payment of 25% of the total balance due plus a one-time \$25.00 processing fee.

All remaining installments will be directly debited from your account through ACH. Please provide a voided check with this form. By signing this form, you are agreeing to have your remaining scheduled installments drawn directly from your bank account without additional notification.

Balance Due on Account on Date of Submission: \$ _____

Minimum Amount Due Upon Submission – 25%: \$ _____

Plus: One-Time Payment Plan Processing Fee: \$ 25.00

Total Amount Paid on Date of Submission: \$ _____

Dates of Proposed Payments: ___/___/___ **Amount:** \$ _____

 ___/___/___ \$ _____

 ___/___/___ \$ _____

 ___/___/___ \$ _____

Date of Final Payment: ___/___/___ \$ _____

**Interest will continue to
Be Charged monthly and
Will be added to final ACH.

Signed: _____

Date: _____

Please mail this completed form to:
1800 Preston Park Blvd., Suite 101
Plano, TX 75093
Attention: Account Receivable Department

Board Signature: _____

Approved _____ Denied _____