

# Bank Transfer Authorization Form

Unit # \_\_\_\_\_

I/We, authorize [Fairway Oaks at Stallion Spring](#) to electronically debit my bank account according to the terms outlined below.

I acknowledge that electronic debits against my account must comply with United States law.

**Terms of billing:** ( Choose one )

- One time on \_\_\_\_\_ for the amount of \$ \_\_\_\_\_.  
( to be used to pay dues on annual basis)
  
- Starting on \_\_\_\_\_ and on the \_\_\_\_\_ of each month through [DEC. 31, 2019](#).  
mm/dd/yy day of the month | 1st - 10th only (5 days processing time)  
for the amount of \$ [200.00](#).

Owner(s) bank account information:

\_\_\_\_\_  
Routing number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account type: ( circle one )    Checking    Savings    Consumer Business

*This payment authorization is to remain in effect until I, \_\_\_\_\_ Unit # \_\_\_\_\_, notify [Fairway Oaks at Stallion Springs](#) of its cancellation by giving written notice, either by US mail service or email [fohoabilling@gmail.com](mailto:fohoabilling@gmail.com), in enough time for the business and receiving financial institution to have a reasonable opportunity to act on it. You may cancel at anytime.*

In the event the payment **cannot** be processed due to: Account closure, Insufficient Funds or for any reason on the payor/unit owner side of a transaction. A fee/charge of \$25.00 will apply along with the normal late fee of \$20.00.

\_\_\_\_\_  
Owner/Authorized (**Signature**)

\_\_\_\_\_  
Owner/Authorized (**Printed Name**)

\_\_\_\_\_  
Date

**DO NOT EMAIL THIS FORM. PLEASE MAIL OR FAX TO:**

Fairway Oaks at Stallion Springs  
P.O. Box 1453  
Elma, Wa. 98541  
Fax: 1-877-408-3773