

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, 2021.
mm/dd/yy day of the month | 1st - 10th only (5 days processing time)

for the amount of \$ 220.00.

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 , 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 payee/owner side of a transaction. A fee/charge of \$25.00 will apply along with the normal late fee of \$20.00.

Printed - Owner/Authorized

Phone #

Signature Owner/Authorized

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