**HARRODSBURG SQUARE HOMEOWNERS ASSOCIATION**

Please note co‐owners must pay their monthly **dues** and capital project **assessment** with separate ACH withdrawals. Please contact Christie Oliver at [hbsqhoa@gmail.com](mailto:hbsqhoa@gmail.com) or 859-629-0811 if you have any questions.

AUTHORIZATION FOR AUTOMATIC PAYMENT FOR:

**HOA Dues**

I (we) authorize **Harrodsburg Square Homeowners Association** and the financial institution named below, to initiate electronic debit entries (ACH) to my (our) accounts. This authority will remain in effect until I (we) notify the Association in writing to cancel the ACH, to afford the financial institution reasonable opportunity to act on such notification. I (we) acknowledge that the organization of ACH transactions to my (our) account must comply with all provisions set forth in the Banking Laws of the United States.

Financial Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Type of Account (circle one): Checking Savings

**VOIDED CHECK MUST ACCOMPANY THIS FORM**

Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Unit Number: \_\_\_\_\_\_\_\_\_\_

Signature of Co-Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Co-Owner (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle Date of Month for ACH 1 2 3 4 5 6 7 8 9 10 Amount to be deducted \_\_\_\_\_\_\_\_\_\_\_

The same date will be used for Assessment deduction

**Mail to: HARRODSBURG SQUARE CONDOMINIUMS**

**750 Shaker Drive (ATTN: CLUBHOUSE)**

**Lexington, KY 40504**

**HARRODSBURG SQUARE HOMEOWNERS ASSOCIATION**

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AUTHORIZATION FOR AUTOMATIC PAYMENT FOR:

**Assessment Fees**

I (we) authorize **Harrodsburg Square Homeowners Association** and the financial institution named below, to initiate electronic debit entries (ACH) to my (our) accounts. This authority will remain in effect until I (we) notify the Association in writing to cancel the ACH, to afford the financial institution reasonable opportunity to act on such notification. I (we) acknowledge that the organization of ACH transactions to my (our) account must comply with all provisions set forth in the Banking Laws of the United States.

Financial Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Type of Account (circle one): Checking Savings

**VOIDED CHECK MUST ACCOMPANY THIS FORM**

Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Unit Number: \_\_\_\_\_\_\_\_\_\_

Signature of Co-Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Co-Owner (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount to be deducted \_\_$85.00 on the same date as your HOA fees

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**Lexington, KY 40504**