

CANDLEWOOD LAKE



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

New

Change

Cancel

Company Name:

Candlewood Lake Association, Inc.

Company ID Number:

31-0879984

I (we) hereby authorize, _____ hereinafter called COMPANY, to initiate debit entries to my (our) Checking / Savings (select one) 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.

Depository Bank Name:

Routing Number:

Account Number:

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Payment Amount: _____

Payment Frequency: _____ Start Date: _____

Payments will be deducted on or about the 25th of the month.

Effective 9/1/23, there will be a \$2.00 per transaction fee charged to the payer.

\$30 fees will be applied to all returned ACH debit transactions.

Association authorized to increase Payment Amount to the new assessment amount each year.

*****It will be the responsibility of the member to list all billable lots*****

(Print Name):

Unit & Lot :

Date:

Signature:

Phone Number:

IMPORTANT!! Please be sure to attach a voided check for a checking account or a deposit slip for a savings account used for the ACH debit transactions

**ATTACH VOIDED
CHECK HERE**

Mail completed form to: CWLA, Inc., 7326 St Rt 19 Unit 1507, Mount Gilead, OH 43338

NOTE: Retain for at least 2 years after termination of last originated entry.