

ACH Debit Authorization

I hereby authorize Oakmont Villas to initiate debit entries to my account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for monthly dues and any fines for violations as outlined in the Oakmont Villas Homeowner's Association Regulations. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name

Branch

Routing Number (9 digits)

Account Number

Address

City

State

Zip Code

Type of Account: ☐ Checking ☐ Savings

This authority is to remain in full force and effect until Oakmont Villas has received written notification from me of its termination in such time and manner as to afford Oakmont Villas and the Financial Institution a reasonable opportunity to act on it.

Your Name

Signature

Unit Number

Date

Email address

Phone Number

This authority is to remain in full force and effect until Oakmont Villas has received written notification from me of its termination in such time and manner as to afford Oakmont Villas and the Financial Institution a reasonable opportunity to act on it.

PLEASE ATTACH A COPY OF A VOIDED CHECK BELOW

Return your completed form to:
Oakmont Villas
PO Box 11712
Cedar Rapids IA 52410
oakmontboard@yahoo.com