

## DIRECT PAYMENT AUTHORIZATION FORM

Lakepointe Gardens' Direct Payment Authorization Form is used as an authorization for Electronic Funds Transfer (EFT) and contains payment-related information processes to collect assessments monthly from property owners.

**Lakepointe Gardens Bylaws, Article XIII:**

**Section 1. Assessment Obligations.** As more fully provided in the Declarations, each member is obligated to pay the Association annual and special assessments...

**Section 2. Method of Payment.** Assessments shall be paid monthly, in equal installments, via Electronic Funds Transfer (EFT) from an active bank account. Payment by any other method shall require approval by the Board and only upon a showing of good cause. Any non-conforming payment will be subject to a monthly surcharge...

**Instructions:**

- Please complete the form below and **return it to the LPG Finance Manager** at P.O. Box 2374, Valparaiso, IN 46384-2374, or email a scanned copy to [LPGFinanceManager@gmail.com](mailto:LPGFinanceManager@gmail.com).
- If the account to be debited is a checking account, **attach an unsigned and voided check** to assist us in verifying account data.

I/we authorize Lakepointe Gardens POA, hereinafter called "Association", to initiate debit entries to my/our account indicated at the bank/institution named below, hereinafter called "Bank", and I/we further authorize the Bank to debit the named account.

I/we further authorize the Association to initiate credits to my/our account to correct any errors, and the Bank to initiate any such corrections to my/our account. This authority is to remain in full force and effect until Association has received written notification from me (or either of us) of its termination. Such notice must be received by Association at least ten (10) days prior to the scheduled monthly transfer date.

**PAYEE:** *(Please print clearly)*

Print Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_  
 Email address: \_\_\_\_\_

The image shows a sample check form with the following fields: NAME, ADDRESS, CITY, STATE, ZIP; DATE; PAY TO THE ORDER OF; \$; BANK NAME, ADDRESS, CITY, STATE, ZIP; FOR; MICR line (⑆ 23456789⑆ 0 234567890 23⑆ 0 23). Below the MICR line are labels for Bank Routing Number, Bank Account Number, and Check Number. A 'Sample' watermark is visible across the form.

**PAYEE'S BANK INFORMATION:**

Bank Name: \_\_\_\_\_ Bank Phone No.: \_\_\_\_\_  
 Bank Routing No.: \_\_\_\_\_  
 Customer Bank Account No.: \_\_\_\_\_

Please debit my account for transfer of assessments on the 5th day of each month, or for other member obligations after appropriate notification.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_