## LEE'S CROSSING HOMEOWNERS ASSOCIATION, INC. 5801 Kimberton Way ~ Lake Worth, FL 33463

## COMPLETE THIS FORM IF YOU WANT TO ENROLL IN THE LEE'S CROSSING AUTOPAY PLAN

I am requesting enrollment in the AutoPay Plan and agree to pay my Lee's Crossing Annual Assessment in 12 monthly payments by Electronic Funds Transfer (EFT).

## Monthly Payment Plan by EFT for 2020

Electronic Funds Transfer (EFT) – Monthly Autopay from your checking account				
\$160.00	Completed EFT form required	Along with completed Member Profile		
\$216.67	Completed EFT form required	No Member Profile completed & submitted		

The bank debit from your checking account will take place after the 2<sup>nd</sup> of each month. If the EFT is not honored, the assessment will be considered delinquent on the 5<sup>th</sup>.

Any payments not honored by the bank due to insufficient funds will result in an additional charge of \$35. Any assessment which are not paid when due shall be delinquent and subject to interest from the date of delinquency at the rate of then percent (10%) per annum.

If I withdraw from the Autopay Program, the full balance of the annual assessment will become due and payable within 15 days of withdrawing from the program.

I hereby authorize the Lee's Crossing Homeowners Association, Inc. to initiate Electronic Funds Transfers (charges) to my bank account and my bank to accept and post such charges for payment. I understand that if I make any changes or decide to withdraw from the program, I must allow a reasonable amount of time for Lee's Crossing and the bank to terminate service.

Bank Name:	 	
Routing #		
Account#	 	

YOUR NAME	9-5678/1234	030
123 YOUR STREET	20	
YOUR CITY, STATE, ZIP (123)456-7890		
///////////////////////////////////////		
Pay To The Order Of	\$	
	D	ollars Security fe included. Details on
YOUR FINANCIAL INSTITUTION		
ANYTOWN, USA		
For		
:123456780: 0301 123m		

Signature:	Print Name			
Property Address	Lot	Block	Date:	