

**Bristol Square 4<sup>th</sup> Addition Homeowners Association**  
**AUTHORIZATION FOR AUTOMATIC PAYMENT**

We are pleased to offer an Automatic Payment Plan. Now you can have your **Bristol Square Automatic Payment form . Fees** made automatically from your checking or savings account. You will not have to change your present banking relationship to take advantage of this service, and there is no additional cost to you the homeowner.

**Here is how the Automatic Payment Plan works:**

You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically on the third business day of the month. In addition, proof of payment will appear on your statement.

The authority you give to charge your account will remain in effect until you notify Bristol Square Automatic Payment form in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before payment date.

The Automatic Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to **Bristol Square 4<sup>th</sup> Addition Homeowners Association, P.O. Box 241116, Apple Valley, MN 55124. \*\*\* (Please allow 21 days for processing prior to the first withdrawal date) \*\*\***

**PLEASE INCLUDE A VOIDED CHECK WITH THIS FORM**

I authorize Bristol Square Automatic Payment form and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford Bristol Square Automatic Payment forma reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 5 days before my account is charged.

\_\_\_\_\_ (Name of financial institution) (Branch)

\_\_\_\_\_ (City) (State) (Zip Code)

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Name - Please print or type)

\_\_\_\_\_ (Address - Please Print)

Account Number \_\_\_\_\_ Checking \_\_\_\_\_ or Savings \_\_\_\_\_  
Financial Institution Routing Number \_\_\_\_\_  
(What appears between these symbols |: |: on the bottom left of your check)

Please indicate month the withdrawal should be started \_\_\_\_\_