

10 Maine Rd., Plattsburgh, NY 12903

Authorization Agreement for Direct Deposit

This form is to authorize LAKE COUNTRY VILLAGE HOMEOWNERS ASSOC., INC. (the COMPANY) to initiate Electronic Fund Transfers via ACH (Automated Clearing House) at my bank as described below.

| Bank Name: | | |
|--|---|---|
| Routing Number (9 digits): | | |
| Account Number: | Type | (checking/savings) |
| Transfer Type: X Withdrawal Deposit | Amoun | t: \$ / mo. |
| This Authorization shall begin onCOMPANY receives written notification from the requests such notice to be a minimum of 14 days ir reasonable opportunity to act upon it. The above ar conform to the current monthly dues amount estable | grantor of its terminal andvance of the termi and will be adjusted | tion. The COMPANY nation date to allow a nnually as needed to |
| Authorization: I (We) hereby authorize LAKE COUNTRY VILLATO initiate deposit or withdrawal transactions to my credit or debit same to its bank account. I (We) untransactions to my (our) account must comply with be no fees charged to me (us) by the COMPANY for | (our) bank account as derstand that the original the provisions of U.S. | s described above and to ination of ACH S. law and that there shall |
| Name(s) Please Print | | |
| Please Print | | |
| HOA AddressNumber and Street | et | |
| Signature(s) | | |
| - | Date | |
| Contact Information | | |
| (at least one is required) Phone # | email | |
| Please attach a cancelled or voided check and return to | LCV Bookkeener 10 M | Maine Rd Plattchurgh NV |

Please attach a cancelled or voided check and return to LCV Bookkeeper, 10 Maine Rd., Plattsburgh, NY 12903. Form must be received by the 20th of the month prior to the starting month of withdrawals. If you have questions please call Anne at 518-563-1275 or email bookkeeper@lcvillage.org