

**Tower Lakes Owners' Association  
P.O. Box 3866  
Mansfield OH 44907**

**Electronic Funds Transfer Authorization**

Name: \_\_\_\_\_

Address : \_\_\_\_\_

Phone No. \_\_\_\_\_ Bldg No. \_\_\_\_\_

**Account to be Debited:**

Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Checking     Savings

**Amount of payment (to be deducted monthly):**

Date to begin Automatic Payment \_\_\_\_/\_\_\_\_/\_\_\_\_    Amount \$ \_\_\_\_\_

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I understand that deposit transactions will be made on the first day of the month and it is my responsibility to maintain a sufficient balance in my account to make the transaction. I understand that the Electronic Funds Transfer may be terminated if there is an insufficient balance in my account for two consecutive months. This authorization will remain in effect until the Tower Lakes Condo Association has received written notice from me in such time and in such manner as to afford Tower Lakes Condo Association a reasonable opportunity to act on it.

Authorized Account Owners Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE RETURN THIS FORM ALONG WITH A VOIDED CHECK TO THE TOWER LAKES TREASURER.** (Pat Lapczenski, 1582 Cape Cod Drive)