## EFT Authorization Form – WHISPERING MEADOWS SUBDIVISION

## THE WITHDRAW OF FUNDS FROM YOUR ACCOUNT WILL HAPPEN BETWEEN THE FIRST AND THE FIFTEEN OF JANUARY, APRIL, JULY, AND OCTOBER.

To enroll in the automatic deduction of your quarterly Whispering Meadows Subdivision Association fee (EFT) from your bank account, please complete the form below.

## **Customer Authorization Agreement for Pre-Authorized Payments**

I (we) hereby authorize **Whispering Meadows Subdivision Association** to initiate debit entries to my (our) checking account indicated below and the depository (bank) named below to debit the same such account. The amount of the deduction shall be the amount of the Whispering Meadows quarterly fee.

Deposit	cory information (Bank)
CUSTOMER NAME:	
CONDO ADDRESS:	
CUSTOMER PHONE #'S: (HOME)	(WORK):
NAME OF BANK:	
CITY:	STATE: ZIP:
BANK ROUTING # (9 digits)	BANK ACCT #
AMOUNT OF MONTHLY DEDUCT	ON \$
Те	rms and Conditions
	pe processed, when due, for the amount of your regular assessment deposited to the checking/savings account of Whispering Meadows
	amounts and/or due dates in accordance with the ASSOCIATION'S utes including notification requirements of the ACH (Automated
	ne agreement at any time. We may cancel Preauthorized Electronic cause and you can terminate this agreement at any time by giving signated accounts.
I (WE) HEREBY ACCEPT AND AGREE	TO THE TERMS AND CONDITIONS NOTED ABOVE.
NAME:	NAME:
(authorized signature)	(authorized signature)

Please attach a <u>VOIDED</u> check with this application.

Return completed form to:

Whispering Meadows KC Property Services, LLC

(248) 586-9700 (248) 586-9704 fax

26711 Woodward Avenue #310 Huntington Woods, MI 48070