

BLPOA Automatic Payment Enrollment and Authorization

I, _____, authorize Chase Bank to automatically deduct my BLPOA dues from the following Account:

Name of Bank _____

ABA* of Your Bank _____

Checking Account Number _____

Choose how you want the payment made:

Monthly ☐ On the 10th of each month

Quarterly ☐ On the 10th day of the quarter (January, April, July, & October)

Yearly ☐ On January 10 each year

Starting on _____ (date of first automatic payment)

If the above dates fall on a weekend, the payment will be deducted the next business day.

Your AutoPay payments will continue until you cancel the service. Please allow 5 business days for cancellation (from the day the BLPOA receives your notice). Cancellation can be done in writing to the BLPOA by mail or email, info@belvederelagoon.org.

By signing this form, you agree that this electronic Enrollment and Authorization form represents your written authorization to enroll in Chase Bank's AutoPay Program to pay your dues in full.

BLPOA Member

Date

Lagoon Property Address

Contact telephone number _____

Email _____

* The ABA number for some banks is different than the one on your check. Please contact your bank for their ACH ABA number.