

AUTHORIZATION FOR AUTOMATIC DEDUCTION

I (We) hereby authorize and direct Lakeside Bank to deduct from my (our) Checking or Savings Account, as listed below, monthly payments to credit monthly assessments and other charges for **Unit No.** _____ for _____.
Name of Association

Checking – Account Number: _____

or

Savings - Account Number: _____

Financial Institution: _____

Routing Number (ABA): _____

DIRECT DEBIT INFORMATION

This authorization is to remain in effect until Community Specialists has received written notification from me (or either of us) of its termination in such time as to afford Community Specialists and the bank listed above a reasonable opportunity to act upon it.

Print Name

Street Address

City, State, Zip Code

Phone Number

Authorized Signature

Date

Must be submitted to the management office by the 15th of the month, or next business day, in order to be processed for the following month.

**ATTACH A COPY OF A VOIDED CHECK
HERE**