

Return Form to: **Hot Springs Village Property Owners' Association**  
**Accounting Department**  
**895 DeSoto Boulevard**  
**Hot Springs Village, AR 71909**  
**501.922.5556**

## **Authorization for Automated Assessment Payment** **Hot Springs Village Property Owners' Association**

Name \_\_\_\_\_  
(as it appears on your POA membership card)

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Addition \_\_\_\_\_ POA Account Number \_\_\_\_\_

Daytime phone number \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_

Checking Account Number \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

**Important: Please return a voided check with this form to ensure accurate processing.**

\* Check one:

\$36.00 monthly	_____	Payable on the 10 <sup>th</sup> of each month
\$108.00 quarterly	_____	Payable January, April, July, & October 10 <sup>th</sup>
\$216.00 semi annually	_____	Payable January & July 10 <sup>th</sup>
\$432.00 annual	_____	Payable January 10 <sup>th</sup>

**\*\* Your assessment account must have a zero balance at the starting date of your selected plan.**

I authorize you to charge my checking account as I have indicated above. This authorization is to remain in full force and effect until Hot Springs Village Property Owners' Association has received written notice from me (or either of us) of its termination in such time and in such manner as to afford Hot Springs Village Property Owners' Association a reasonable opportunity to act on it.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Your application must be returned by the 15<sup>th</sup> of the month prior to your selected plan.**