



Hawthorne Residents Cooperative Association Inc.
 100 Hawthorne Boulevard, Leesburg, FL 34748
 Telephone (352) 787-1000 – Fax (352) 787-2911

PREAUTHORIZED DEBIT AUTHORIZATION

Customer Name: _____ Begin Using this Account (date): _____
 To insure this date please allow 30 days to process
 Hawthorne Address: _____ Telephone Number: _____

**HAWTHORNE FEES TO BE PAID
 (Check all that apply)**

- | | |
|-----------------|---------------------------|
| Maintenance Fee | Emergency Remote Necklace |
| Cable | Other |
| Internet | |

FINANCIAL INSTITUTION INFORMATION

Please attach a VOIDED check or a Bank letter confirming the account information for the bank account you want debited. Do not provide deposit slips.

What kind of Bank Account will you be using? Check One: Checking Savings Other

AGREEMENT: We hereby authorize you to make the transfer(s) indicated above until further notice from us. If this agreement changes any prior authorization between you and us, the prior authorization is hereby cancelled, and we instruct you to follow this authorization. We acknowledge that we have received an Electronic Funds Transfer Disclosure Statement which describes your and our rights and responsibilities concerning the above transfer(s). We understand that we can call you to find out whether or not the transfer has been made. We understand that it is our responsibility to have sufficient funds available in our account on the transfer date(s) in order for you to make the automatic payment(s). We acknowledge that if sufficient funds are not available in our account to cover the amount of the transfer(s), the automatic payment(s) may not be made. We further acknowledge that the Financial Institution will not be liable for any charges, including but not limited to any charges related to items returned because of insufficient funds or for any late charges.

ELECTRONIC FUNDS TRANSFER DISCLOSURE: A pre-authorized draft is an automatic payment from your checking, savings or money market account. **Stopping Payment:** You can stop your automatic payments by writing to Hawthorne Residents Community Association, 100 Hawthorne Blvd, Leesburg, FL 34748 or email AutoDebit@HRCA.CC. We must receive your stop payment request at least seven (7) business days or more before the payment is scheduled to be made. Once we have processed your stop payment request, we will stop all automatic payments. **Our liability for failure to stop a payment:** If you properly request in writing for us to stop any of your automatic withdrawals seven (7) business days or more before the withdrawal is scheduled and we do not do so, we will be liable to you for the damages which you prove are directly caused by our failure to stop the automatic debit.

AUTHORIZATION

Account Holders Signature _____ Printed Name _____ Date _____

CANCELLATION

Date authorized to be cancelled: _____ Account Holder's Signature: _____

Letter or e-mail Attached: _____

Please mail or deliver to: Hawthorne Residents Cooperative Association Fax Number: 352-787-2911
 100 Hawthorne Blvd e-mail: AutoDebit@HRCA.CC
 Leesburg, FL 34748

For office use only: Next Bill Due Date _____	Next Bill Amount _____
Received/Name/Date _____	Entered/Name/Date _____
Inactivate Existing ACH _____	Activate ACH _____
Note _____	Reviewed by _____