

# HARRODSBURG SQUARE HOMEOWNERS ASSOCIATION

Please note co-owners must pay their monthly **dues** and capital project **assessment** with separate ACH withdrawals. Please contact Christie Oliver at [hbsghoa@gmail.com](mailto:hbsghoa@gmail.com) or 859-629-0811 if you have any questions.

## AUTHORIZATION FOR AUTOMATIC PAYMENT FOR: **HOA Dues**

I (we) authorize **Harrodsburg Square Homeowners Association** and the financial institution named below, to initiate electronic debit entries (ACH) to my (our) accounts. This authority will remain in effect until I (we) notify the Association in writing to cancel the ACH, to afford the financial institution reasonable opportunity to act on such notification. I (we) acknowledge that the organization of ACH transactions to my (our) account must comply with all provisions set forth in the Banking Laws of the United States.

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account (circle one):      Checking      Savings

### VOIDED CHECK MUST ACCOMPANY THIS FORM

Property Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Signature of Co-Owner: \_\_\_\_\_

Name of Co-Owner (please print): \_\_\_\_\_

DATE: \_\_\_\_\_ Your email: \_\_\_\_\_

Circle Date of Month for ACH    1 2 3 4 5 6 7 8 9 10      Amount to be deducted \_\_\_\_\_  
The same date will be used for Assessment deduction

Mail to: HARRODSBURG SQUARE CONDOMINIUMS  
750 Shaker Drive (ATTN: CLUBHOUSE)  
Lexington, KY 40504

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## AUTHORIZATION FOR AUTOMATIC PAYMENT FOR: **Assessment Fees**

I (we) authorize **Harrodsburg Square Homeowners Association** and the financial institution named below, to initiate electronic debit entries (ACH) to my (our) accounts. This authority will remain in effect until I (we) notify the Association in writing to cancel the ACH, to afford the financial institution reasonable opportunity to act on such notification. I (we) acknowledge that the organization of ACH transactions to my (our) account must comply with all provisions set forth in the Banking Laws of the United States.

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account (circle one):      Checking      Savings

### VOIDED CHECK MUST ACCOMPANY THIS FORM

Property Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Signature of Co-Owner: \_\_\_\_\_

Name of Co-Owner (please print): \_\_\_\_\_

DATE: \_\_\_\_\_ Your email: \_\_\_\_\_

Amount to be deducted \_\_\_\$85.00 on the same date as your HOA fees

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