

Harrodsburg Square Condominium Association, Inc.
Authorization for Direct Recurring Payments

Name: _____ Select One: ☐ Owner or ☐ Occupant
Property Address: 750 Shaker Drive, Unit # _____, Lexington, KY 40504
Phone: _____ Email Address: _____
Billing Address (if different): _____

I hereby authorize Harrodsburg Square Condominium Association, Inc. ("HSC") to electronically debit my account (and, if necessary, to electronically credit my account to correct erroneous debits) as follows:

*See below to identify your
Account information.*

Bank Name: _____ ("Bank")
Bank Address: _____
Bank Routing Number: _____
Bank Account Number: _____ ("Account")

The diagram shows a check with the following fields highlighted and labeled below:

- ROUTING NUMBER:** 10044072324
- ACCOUNT NUMBER:** 1000123456789
- CHECK NUMBER:** 123

Other fields on the check include: YOUR NAME (1234 Main Street, Anywhere, OH 00000), DATE, PAY TO THE ORDER OF, \$, and DOLLARS.

- I authorize HSC to transfer funds FROM my Bank Account in the amount of \$ _____ ("Amount") to HSC's operational bank/depository account.
- I understand that HSC's dues and assessments may change from time to time, and I authorize HSC to change the Amount withdrawn from my Account to pay the regular recurring dues/assessments for my Unit.
- I authorize HSC to make recurring monthly transfers on the _____ day of each month (*select a date which is within 1st through 10th day of the month*), and if that date falls on a weekend or holiday, the next business day.
- Transfers to begin on _____ ("Effective Date").
- I understand this authorization will remain in full force and effect until I notify HSC in writing at the HSC Clubhouse (750 Shaker Dr., Lexington, KY 40504) that I wish to revoke this authorization.
- I understand that HSC requires at least five (5) business days prior written notice in order to revoke or modify this authorization. I understand it is my obligation to keep the information I have provided accurate and current.
- I understand and agree to pay any charges or fees incurred by HSC as a result any transfer fails due to insufficient funds, incorrect account information, or other reason outside HSC's control. I understand HSC may terminate this authorization if more than one transfer is returned unpaid within any one year rolling period.
- I understand and agree that HSC may modify or terminate this payment program at any time upon prior written notice to me.

Signature _____ Date _____

Mail with voided check to: Harrodsburg Square Condominiums
750 Shaker Dr. (Attention Clubhouse)
Lexington, KY 40504
Email with copy of voided check to: Hbstreas@outlook.com