

**ELECTRONIC FUNDS TRANSFER**

Dear Homeowner:

We are happy to continue to offer Electronic Funds Transfer, a method of making your life easier by eliminating the need to write a monthly check for your Association dues.

The withdrawals from the participating homeowner's account will be made on the fifth business day of each month. Your bank account statement will, of course, reflect this withdrawal. Not only will participation in the program make it easier for you, but also it will help your Association's financial picture by improving cash flow and reducing collection costs. We hope you will take advantage of this modern, efficient program.

Complete the Authorization Form (below) and return it to Niagara Neighborhood Management.

There is no cost to you, the homeowner, or the Association for this service. Please call with any questions to (317) 852-8360.

**AUTOMATIC PAYMENT AUTHORIZATION**

**COMMUNITY: FALCON RUN VILLAGE**

I hereby authorize the Homeowner's Association to initiate debit entries in the amount of \$\_\_\_\_\_ (or the monthly assessment fee amount stated by the H.O.A. Board of Directors) from the account holder's:

\_\_\_ Checking Account                      \_\_\_ Savings Account

on the fifth business day of each month, subsequent to the date of signing this formal authorization form,

**Debit Purpose: Homeowner Association Fee**

Account holder name: \_\_\_\_\_  
(As it appears on the account.)

Account #: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Routing #: \_\_\_\_\_

Homeowner Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #'s: \_\_\_\_\_

This authorization will remain in force until Niagara Neighborhood Management; Agent for the Homeowner's Association, Inc. receives written notification from the account holder(s) of its termination. The account holder(s) must contact Niagara Neighborhood Management, Agent directly, with instructions to stop payments.

**A Blank Voided Check Must Accompany This Form**

\_\_\_\_\_  
Signature of Account Holder                      Date

\_\_\_\_\_  
Signature of Account Holder                      Date