

# Flat Top Lake Association

3001 Flat Top Road  
Ghent WV 25843  
304-787-3663

## Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account. Just complete and sign this form to get started!

### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated below each billing period. The charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

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### Please complete the information below:

I \_\_\_\_\_ authorize **Flat Top Lake Association** to charge my bank account  
(Print full name)

indicated below for **\$130.00** on the 15<sup>th</sup> of each **Month** for prepayment of my 2023-2024 **Membership**

**Dues & Assessment of \$1,550.00 from JUNE 15<sup>th</sup> 2022 to MAY 15<sup>th</sup> 2023** for lot # \_\_\_\_\_

(I agree if there is an increase to the 2023-24 dues and assessment, I will pay invoiced amount by July 15<sup>th</sup>, 2023)

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

### Checking Account

Checking       Savings

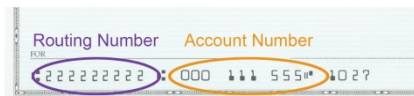
Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

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

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_



SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Flat Top Lake Association** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **Flat Top Lake Association** may at its discretion attempt to process the charge again within 5 days, and agree to an additional **\$25.00** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank,; so long as the transactions correspond to the terms indicated in this authorization form.