

**AUTHORIZATION FOR AUTOMATIC DEDUCTION**

I (We) hereby authorize and direct Lakeside Bank to deduct from my (our) Checking or Savings Account, as listed below, monthly payments to credit monthly assessments and other charges for

Unit No. \_\_\_\_\_ for the James/Kilmer Condominium Association

**Deductions are taken between the 5<sup>th</sup> and 10<sup>th</sup> of each month.**

Checking – Account Number: \_\_\_\_\_

or

Savings - Account Number: \_\_\_\_\_

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

Routing Number (ABA): \_\_\_\_\_

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**DIRECT DEBIT INFORMATION**

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This authorization is to remain in effect until Community Specialists has received written notification from me (or either of us) of its termination in such time as to afford Community Specialists and the bank listed above a reasonable opportunity to act upon it.

\_\_\_\_\_  
Print your name as it appears on your banking information

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

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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**This form must be submitted to the association’s management office or to Community Specialists by the 15<sup>th</sup> of the month or next business day, in order to be processed for the following month.**

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**IF POSSIBLE - PLEASE INCLUDE A VOIDED CHECK**