

HIGHLAND SPRINGS COUNTRY CLUB OWNERS ASSOCIATION

AUTOMATIC TRANSFER AUTHORIZATION

To enroll in the AUTOMATIC (EFT) PAYMENT PLAN,
please complete, sign and return this form to:

**Highland Springs Country Club Owners Association
P.O. Box 13710
Palm Desert, California 92255-3710**

Enter the Exact Name which appears on the Account to be Charged

Enter the Name and Branch of the Bank where the Account is Held
**** MUST BE A U.S. BANK ****

Enter the Address of the Bank and its Branch - including ZIP Code

Bank Account Number

HOA Account Number

() _____
Your Telephone Number

Highland Springs Local Address: _____

The payment will be deducted from your bank account **ON THE 5th DAY OF EACH MONTH.** I/We authorize Highland Springs Country Club Owners Association to charge the above account for my **regular monthly assessment.** Highland Springs Country Club Owners Association may continue to charge the above account until the Association receives my/our written notice of cancellation.

NOTICE TO ACCOUNT OWNER: The bank reserves the right to terminate this automatic payment option upon written notice. Signatures of all owners of the deposit account are required on this authorization.

SIGNATURE

DATE

SIGNATURE

DATE

****PLEASE ATTACH A "VOIDED" CHECK****

To be effective by the 5th of the month, must be received by the 15th of previous month.