



Debit Authorization

I (we) hereby authorize Polo Fields Community Association, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for my Parks, Social homeowner Association Dues Parks, and/or Social . I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type of Acct: ___ Checking ___ Savings

This authority is to remain in full force and effect until Polo Fields Community Association has received written notification from me (or either of us) of its termination in such time and manner as to afford Polo Fields Community Association and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name) (Signature)

(Print Individual ID Number) (Date)

Please deduct for HOA _____, Parks _____, and/or Monthly Social _____. (Please check all that apply)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!

Please Fax to 502-238-1759 or email to bkpfca@polofields.com to begin. This will take up to 10 – 15 days to setup.