

# Bluebonnet Highlands

Homeowner's Association, Inc.

P.O. Box 82986

Baton Rouge, LA 70884

bbhbilling@yahoo.com

225-678-1505

## BANK DRAFT AUTHORIZATION FORM

Please complete and return the following form, along with a voided check, to the P.O. Box above. This form is to authorize Bluebonnet Highlands Homeowner's Association, Inc. to draft payments from the bank account indicated below, according to the following plan (please choose one):

\_\_\_\_\_ **Annually**

\$360 will be drafted from my account on January 1 of each year.

\_\_\_\_\_ **Semi-annually**

\$181 will be drafted from my account on January 1 and July 1 of each year.

\_\_\_\_\_ **Quarterly**

\$91 will be drafted from my account on January 1, April 1, July 1, and October 1 of each year.

\_\_\_\_\_ **Monthly**

\$31 will be drafted from my account on the first of each month.

### Please provide all of the following information:

Name: \_\_\_\_\_

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

Lot Number (if available): \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Bank Address: \_\_\_\_\_

Account Type (circle one):      CHECKING      SAVINGS

Bank Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

**PLEASE PROVIDE A VOIDED CHECK WITH THIS AUTHORIZATION FORM**

I, the undersigned, authorize Bluebonnet Highlands Homeowner's Association, Inc. to draft my bank account according to the plan I have selected above. I understand that insufficient funds will result in a \$25 fee. I further understand that I must notify the Association at least 30 days prior to deciding to discontinue the automatic drafts.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_