

LOMA ENCANTADA HOMEOWNERS' ASSOCIATION

P.O. Box 1782, Santa Fe, NM 87504-1782

<https://www.mylehoa.com>

RECURRING ACH PAYMENT AUTHORIZATION FORM

I, _____
Homeowner's Name(s)

Street Address

City State Zip Code

hereby authorize Loma Encantada Homeowners' Association (LEHOA) to make a recurring debit to my checking or savings account for the recurring amount of

\$ _____ on or after _____
dollar amount start date

on a _____ schedule for payment of my annual LEHOA assessment.
monthly, yearly, etc.

By signing this form, I give LEHOA permission to debit the account listed below for the amount indicated on or after the date indicated above. This authorization provides *only* for the recurring amount and frequency listed above, and does not provide authorization for any additional unrelated debits or credits to my account. This authorization is to remain in full force and effect until the Homeowner(s) named above has received an acknowledged notification or written notice at the address listed above.

Homeowner's Financial Information:

Name(s) on Account: _____

Account Type: _____

Account Number: _____

Financial Institution's Name & Phone No. _____

Financial Institution Routing Number: _____

Homeowner's Signature(s)

NOTE: HOA DUES are \$189 monthly, effective 1/1/2022