

Cottages at Innsbrooke Homeowners' Association

Auto Draft Form

We are currently offering a Pre-Authorized Debit program whereby monthly payments would be automatically deducted from your checking or savings account. This service is offered through **Pinnacle Bank** and will be provided at no cost to you. With **Pinnacle Financial Partners Bank** Pre-Authorized debit program, you can have your payments deducted from your account at virtually any bank, saving and loan, or credit union in the United States. **Please note, enrolling in the Auto Draft Program subjects you to the processes of Pinnacle Bank. Once enrolled, Pinnacle Bank will be responsible for the remedying of any issue related to your draft. Westwood Management is not a party in the auto drafting transaction.**

Other Pre-Authorized debit benefits include:

- Elimination of check writing and postage fees
- Deduction of funds from your account on the same day every month
- Prevention of late fees

If you would like to be a part of this program, please complete the following questionnaire, and return to:

Westwood Property Management, Inc.
109 International Drive, Ste 220
Franklin, TN 37067
Email: carmen@wmco.net

I (We) hereby authorize Westwood Property Management INC. on behalf of the **Cottages at Innsbrooke Homeowners Association** herein after called COMPANY, to initiate debit entries and/or correction entries to us

Type of Account: Checking Account Savings Account
Begin Date: Immediately After: _____
Additional Auto Draft to Include: Previous Balances (if applicable)
Reason for Form: New Setup Changing Personal Information

Amount Authorized: \$ 210.00 per month

Cottages at Innsbrooke will be debited on the 1st of each month.

The below authorization is to remain in full force until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY reasonable opportunity to act upon it.

Bank Transit/ABA Number _____ Account Number _____

NOTE: If there is a fee decrease/increase, authorized amount will be adjusted accordingly.

**** All areas must be filled out with the current information to process the form:**

_____ Name(s) Print	_____ Mailing Address
_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Phone	_____ E-mail

PHYSICAL PROPERTY ADDRESS

****Please attach a copy of a voided check drawn from the account listed above if you intend to participate in this program.**