ACH DEBIT AUTHORIZATION FORM

I hereby authorize , Lantern Bay POA dba The Cove on Indian Point, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary credit entries and adjustments for any debit entry in error to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. I acknowledge that the origination of ACH (Automated Clearing House) transactions to my account must comply with the provisions of U. S. law.

_____

(Financial Institution Name)

_____

_____

(Address) (City/State) (Zip)

Type of Acct: _____Checking _____Savings

(Routing Number)_____ (Account Number) _____

Check One:
[ ] ADD – ACH Authorization.
[ ] CHANGE – Change financial institution and/or account number.
[ ] CANCEL – Cancel ACH Authorization.

_____

Company Name (If Applicable) Tax ID Number (If Applicable)

_____

(Authorized Signature)

_____ _____

(Print Authorized Signer's Name) Date

SUBMISSION INSTRUCTIONS

1. Attach one of the following:
    a. Voided check
    b. Letter from the financial institution stating the account number and routing numbers (letter must be on financial institution's letterhead)

2. Mail the completed form and voided check/financial institution letter to:

    ATTN: Lantern Bay Property Owners Association
    PO Box 7187
    Branson, MO 65615

    **Alternatively, the form and voided check / financial institution letter may be dropped off at the resort office. Please email the POA to set-up a drop off day and time at thecoveonindianpoint@gmail.com*