

**Association Name:** \_\_\_\_\_

c/o Community Development, Inc.  
7100 Madison Ave W  
Golden Valley MN 55427  
763-225-6400

**ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM**

Homeowner Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Type of Account** - (checking or savings): \_\_\_\_\_

**Routing/Transit No:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**A VOIDED CHECK MUST BE ATTACHED**

This form must be received by Community Development 15 days prior to implementing EFT Service. I am requesting my EFT service begin the month of: Month \_\_\_\_\_ Year \_\_\_\_\_

I authorize the balance due to the association to be included in each monthly/quarterly EFT payment, in order to bring my account in current standing with the Association. **(These amounts include but are not limited to: dues, late fees, collection fees, attorney fees, ARC violations, fines, special assessments etc.)**

I authorize my Homeowners Association to withdraw funds from my bank account. This withdrawal will be made on or about the third to fifth business day of the month/quarter. **I understand that I control my payments, and if at any time I decide to stop or suspend this payment service, I will notify Community Development in writing 30 days in advance.**

I understand that if my automatic draft is returned because of non-sufficient funds or closed account, I will be charged an additional fee of \$40.00 per occurrence and my EFT service will be stopped until I re-enroll in the EFT service.

My signature below indicates that I have verified, confirm and agree with all the information provided above.

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Date

**\*Return this completed form to the address above.  
\*Confirmation will be sent prior to implementing the service.**