



LAKE CLARKE GARDENS CONDOMINIUM, INC.
ACH AUTHORIZATION FORM

New Set up

Account Change

(Owner Name)

(Unit ID/ Account Number)

(Property - Address, City, State, Zip)

Monthly

Frequency (Monthly/Quarterly)

Charge Amount

(Start Date)

(Financial Institution Name)

(ABA Routing Number)

(Checking Account Number)

By signing below you give authorization to debit the account noted above for the periodic dues payments as per your agreement with the above named Association. This authority is to remain in full force and effect until written notification is received from the recipient of its termination in such a time and manner as to afford reasonable time to act upon it.

(Owner Signature)

(Date)

(Printed Name)

(Daytime Telephone Number)

Email:

*Please be sure to include your **e-mail address** above if you would like to receive confirmation of your enrollment.*

Please attach a voided check (REQUIRED)

Mail to:
Lake Clarke Gardens Condominium, Inc.
2981 Florida Mango Rd.
Lake Worth, FL 33461