

# Application for Automatic eCheck (EFT) for Carrying Charge Payments Form



MEMBERS: Retain a copy of this form for your records  
 Site Managers: Keep this form on file for your records

Note to members: By filling out and signing this form, you are giving your permission to have your monthly payment automatically transferred from your bank account to your site manager.

Members Name: \_\_\_\_\_ Unit: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Recurring payment amount: \$ \_\_\_\_\_ Payment start date: \_\_\_\_/\_\_\_\_/\_\_\_\_

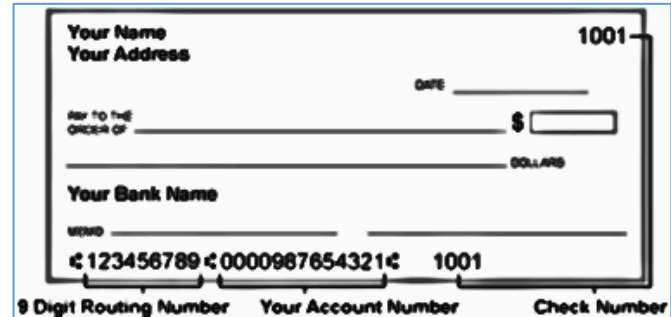
Bank Name : \_\_\_\_\_

ABA or Bank Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

(Check only one)

Checking :  or Savings:



## -----Members Signature -----

I hereby authorize Williamsburg Townhouses site manager to set up automatic recurring payments for the purposes of paying my monthly carrying charges. This will be on the 5<sup>th</sup> of each month or the first banking day after the 5<sup>th</sup>.

If the account does not contain required funds on the transfer date, a late fee will be charged according to the Cooperative policy.

If the member wishes to change accounts and remain on EFT, he/she must notify the Cooperative business office in writing and complete a new application form before the 10<sup>th</sup> of the month preceding the EFT cancellation.

In order to begin this service if withdrawals will be from your checking account, you must include a voided personal check along with this application. If withdrawals will be from your savings account, you must verify your account number and routing number with your bank.

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

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### OFFICE USE ONLY

Entry Date: \_\_\_\_\_ First Transaction Date: \_\_\_\_\_

Prenote Date: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Processed by: \_\_\_\_\_