

**Cross Pointe Condominium Association
Electronic Funds Transfer Permission Form**

Dues may be paid monthly via ACH or yearly due by January 1st

Last Name First MI

Address _____

I (we) hereby authorize Cross Pointe Condominium Association to initiate debit entries to my (our) bank account indicated below at the depository financial institution named on attached check or savings deposit slip, and to debit the same to such account **for dues payment only**. I (we) acknowledge that the origination of electronic funds transfer from my (our) account for Cross Pointe Condominium Association dues must comply with the provisions of U.S. law.

Is this account a checking or savings account? Check one. SAVINGS* CHECKING**

This authorization is to remain in effect until the Cross Pointe Condominium Association has received notification from me (or either of us) of its termination in such time and in such manner as to afford Cross Pointe Condominium Association reasonable opportunity to act on it.

Signature _____ Date _____

*Attach a deposit slip if draft is from **savings**. If from **savings** include bank routing number.

Attach a voided check to your application if draft is from **checking.

Electronic Funds Transfer for Cross Pointe Condominium Association Dues:

Funds are to be available on the first of every month and will be debited on or before the 7th day of each month or on the following business day in the amount as set forth at the last Cross Pointe Condominium Association Annual Meeting.

PLEASE NOTE: Any account information changes must be received by the CPCA Treasurer **at least 7 days before** the 1st of the month when the change is to be effective; for example, if change is to be effective on July 1, changes must be received by the CPCA Treasurer no later than June 24.

Account statements of dues collected from individual unit owners will be available upon request.

No contact will be made to any unit owner regarding dues payment unless dues cannot be collected for reasons of insufficient funds available or clerical issues.

A \$20.00 per month late fee will be added for each month the payment is late. After 3 late payments, unit owner will be expected to pay the year in full.

Cross Pointe Condominium Association
PO Box 5
Janesville, WI 53547-0005
cross.pointe@yahoo.com

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MEMBER INFORMATION**-2-**

Unit Address _____

Name of Unit Owner: _____

Phone (land line): _____ cell phone: _____

E-mail _____

Emergency contact: _____ Phone _____

Personal relative or relatives living at _____ Sienna Crossing:

Name(s): _____

Phone (land line): _____ cell phone: _____

Relationship [circle one]: mother father brother sister son daughter

Pet(s) living with you (one dog or up to 2 cats):

____Dog Weight _____

____Cat

____Cat

I have received, read and agree to the “Condominium Declaration” “Executive Summary” and “Condominium By-Laws”

Signed _____ Date _____