

# LOMA ENCANTADA HOMEOWNERS' ASSOCIATION

P.O. Box 1782, Santa Fe, NM 87504-1782

<https://www.mylehoa.com>

## RECURRING ACH PAYMENT AUTHORIZATION FORM

I, \_\_\_\_\_  
*Homeowner's Name(s)*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State Zip Code*

hereby authorize Loma Encantada Homeowners' Association (LEHOA) to make a recurring debit to my checking or savings account for the recurring amount of

\$ \_\_\_\_\_ on or after \_\_\_\_\_  
*dollar amount start date*

on a \_\_\_\_\_ schedule for payment of my annual LEHOA assessment.  
*monthly, yearly, etc.*

By signing this form, I give LEHOA permission to debit the account listed below for the amount indicated on or after the date indicated above. This authorization provides *only* for the recurring amount and frequency listed above, and does not provide authorization for any additional unrelated debits or credits to my account. This authorization is to remain in full force and effect until the Homeowner(s) named above has received an acknowledged notification or written notice at the address listed above.

### *Homeowner's Financial Information:*

Name(s) on Account: \_\_\_\_\_

Account Type: \_\_\_\_\_

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

Financial Institution's Name & Phone No. \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

\_\_\_\_\_  
*Homeowner's Signature(s)*

**NOTE: HOA DUES are \$189 monthly, effective 1/1/2022**