



**THE VINEYARD AT TWELVE STONES HOA
CREDIT/DEBIT AUTHORIZATION FORM**

I (we) hereby authorize The Vineyard at Twelve Stones HOA (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____(Name of Financial Institution)

_____(Signature)

_____(Date)

_____(Name-PLEASE PRINT)

_____(Address - PLEASE PRINT)

Monthly Amount: \$400 - Payable on the first day of every month

Use previous account information on file with HOA?

YES_____NO_____

Financial Information (**If changed** from previous information on file)

Attach a cancelled Check or Deposit slip

Return to Vineyard at Twelve Stones HOA, P.O. Box 546, Goodlettsville,
TN37070-0546