



Property Owners Association
PO Box 90
Daniels, WV 25832
304-763-5382
info@gladespringspoa.com

**Authorization for Automated Assessment Payment
for Glade Springs Village POA**

Name _____

Address _____

City/State/Zip _____

Property Address _____

POA Account # _____

Daytime Phone # _____

Financial Institution _____

9 Digit Routing # _____

Checking Account # _____

PLEASE RETURN A VOIDED CHECK WITH THIS FORM

*Assessments will be deducted on the 1st business day of every month

*Your account must have a zero balance at the starting date of this agreement.

***There will be a monthly fee charged by the vendor for this service.**

I authorize Glade Springs POA to charge my checking account as I have indicated above. This authorization is to remain in full force and effect until Glade Springs POA has received written notice from me of its termination in such time and in such manner as to afford Glade Springs POA a reasonable opportunity to act on it.

Date _____ Signature _____

Office Use Only

Effective Date _____

Add or Change

Initials _____