Stillwater Crossings
c/o Kingwood Management
14520 61st Street Court North
Stillwater, MN 55082

EFT AUTHORIZATION FORM

Homeowner Name:_____ **Date:**_____

Property Address: _____

Phone Number: _____ **Email:** _____

Type of Account – (checking or savings): _____

Routing/Transit No.: _____

Account Number: _____

A voided check must be attached!!!!

I authorize Stillwater Crossings to withdraw funds from my bank in the amount of my monthly dues charges. This withdrawal will be made on or about the third to fifth ***business*** day of every month. I understand that I control my payments, and if at any time I decide to stop or suspend this payment service, I will notify Stillwater Crossings in writing 30 days in advance.

I understand that if my automatic draft is returned for non-sufficient funds or account closed, I will be charged an additional fee of $25.00 per occurrence.

My signature below indicates that I have verified, confirm and agree with all the information provided above.

_____ _____

Homeowner Signature Date