



LEISURE TIME ESTATES
PROPERTY OWNERS' ASSOCIATION
P. O. BOX 1361
DANVILLE, ILLINOIS 61834-1361

ACH Payment Form

By submitting this signed form to the LTEA Treasurer, you are authorizing LTEA to draft payment in the amount listed below on the **10th of each month**. If you require any changes to this agreement, a new signed form must be provided. If you would like to stop ACH payments and void this agreement, please make a written request to the LTEA Treasurer.

Full Name: _____

***Must match your banking institution's name on file for the account.*

LTEA Property Owner Lot(s): _____

LTEA Property Owner Email: _____

Bank Routing Number: _____

Bank Account Type: Checking Savings

Bank Account Number: _____

Monthly Payment Amount: _____

***Drafted the 10th of the month.*

LTEA Property Owner Signature

Date