

Office use only.

Candlewick Lake Association
13400 Route 76
Poplar Grove, IL 61065
815-765-2827
Fax 815-765-2809

Authorization to Change ACH Withdrawal

Name _____

Address _____

Lot _____ Unit _____

I request that Candlewick Lake Association change my ACH information as follows. I understand that if I terminate or hold my ACH, my C-pass, Guest List and Member Id privileges will be revoked until my account is brought current.

- Terminate ACH withdrawals as of date: _____
Reason: _____
- Change Account that ACH is withdrawn from as of date: _____
(Attach voided check from new account)
- Hold ACH withdrawal for the month of: _____
Will pay on: _____
- Restart ACH as of date: _____
- Change date ACH is withdrawn
From: _____
To: _____
- Other _____

Signature

Date