

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Automatic Checking Deductions

Unit Owner Name: _____ E-Mail: _____

Acct No or Unit # _____

I (we) hereby authorized **FLORIDIAN BAY ESTATES** hereinafter called the **ASSOCIATION**, to initialize entries to my (our) checking account at the DEPOSITORY INSTITUTION listed below, to debit the same to such account. I understand my participation in this program involves deduction from my account listed below, which can be subject to corrections and/or adjustments as instructed by the **ASSOCIATION**.

Unit Owner's Bank Name: _____

Bank Address: _____

Routing number or ABA number: _____

Account number: _____

DDA
SAV

Amount of monthly dues or Payment 102.00 Frequency MONTHLY

Date due: 1ST OF MONTH


ASSOC NAME

This authorization is to remain in full force and effect until **FLORIDIAN BAY ESTATES** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **FLORIDIAN BAY ESTATES** & EXECUTIVE NATIONAL BANK a reasonable opportunity to act on it.

Signature of Member Date

Signature of Member (2nd authorized person) Date

Attention participants: Whenever possible provide **FLORIDIAN BAY** a copy of a voided check to verify bank information. Return or rejected ACHs are subject to late fees

Joe Smith		0783
Any Town		63-815/670
USA		DATE: _____
PAY TO THE ORDER OF _____ \$		
 Bank Routing Number NK	Account Number	
PTR _____		
⑆06 7008 155⑆ 0734098 21⑆06 0783		← Check Number