Heronwood Homeowners Association
Electronic Funds Transfer Authorization Form

I/we hereby authorize Centerstate Bank to initiate EFT debit entries (withdrawals) from my/our checking account for credit to the below-named account on or about the 1st day of the month in the amount of $_____. This authority will remain in effect until I/we notify Advantage Property Mgt. otherwise. I/we understand the amount of the debit may change on an annual basis according to the requirements of the Association. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. Law.

Please be sure to enclose a "voided" check when submitting this form.

Please Check One: New Authorization_____ Bank Change Only_____

The account number to be debited: # _____

Your Bank's Routing/Transit Number: _____
(9-digit number found on lower left side of check)

The name of the account to be credited is: Heronwood Homeowners Association

Account Owner's Signature(s): _____

_____

Account Owner's Name(s): _____
(Please print)

_____
(Please print)

Owner's Phone Number: _____

Property Address: _____

Month when first payment is to be debited from account: _____***

Date this form was signed: _____

Send To: Advantage Property Management
1111 SE Federal Highway, Suite 100
Stuart, FL 34994
(772) 334-8900 Fax (772) 288-0175

***PLEASE NOTE: Authorization must be received by the 20th of the month for processing to BEGIN for the following month. Authorization must be received by the 20th of the month for processing to be CANCELLED for the following month.