

MAINTENANCE FEE ELECTRONIC PAYMENT AUTHORIZATION

(Please write legibly)

Association Name: _____

Property Address: _____

Phone: (home) _____ (daytime) _____

Owners Name(s) on Deed _____

Email Address: _____

Management Co. Account # (on your bill or coupon) _____

Month to start: (this will be the 1st of the month) _____

Assessment Frequency: Monthly Quarterly Annual Other _____

Assessment Amount: \$ _____

Date to be charged each period: 1st (If Sat, Sun or bank holiday, debit will occur next business day)

Name of Your Bank: _____

Name(s) on Your Bank Account: _____

Account to be charged: Checking (attached voided check) Savings (provide account and R/T numbers) Savings Acct #: _____
Bank R/T #: _____

I have included a voided check or savings account information and hereby authorize my financial institution to debit my account in the name of my homeowners association. In the event the homeowners association erroneously debits my account, I authorize the homeowners association to process debit or credit corrections to the amount, not to exceed the original ACH transmission amount. I understand that all transactions will appear on my bank statement under the description as designated by the property management firm for my association. I realize the authorized auto debit will appear on my bank statement on the date and with the frequency specified on this form. In addition, I understand the auto debit will remain in force until I notify my association in writing at least 15 days prior to canceling the auto debit. I also give the association authority to change the auto debit amount as maintenance fees are changed by the association board.

Signature: _____

Date: _____

Please return completed form to:

Mgmt Company Name: Sea Breeze Community Management Services, Inc

Mailing Address: 4227 Northlake Boulevard, Palm Beach Gardens, FL 33410

***** Attach blank check to this form, if charging checking account*****

FOR OFFICE USE ONLY: Date: _____ Input into system by: _____ Checked by: _____
