

AUTOMATIC FUND TRANSFER AUTHORIZATION

Association Name: _____

Name on Deed: _____

Property Address: _____

Unit #: _____

Month Start Date: _____

Name of Bank: _____

Name on Bank Account: _____

Account Number: _____

Routing Number: _____

Home Phone: _____ Daytime Phone: _____

I have included a blank, voided check and hereby authorize my financial institution to debit my account in the name on my bank statement between the 5th and 10th working day of each month if a monthly assessment, or between the 5th and 10th working day of the first month of the quarter if a quarterly assessment. In addition, I understand this auto debit will remain until I notify my association in writing, 30 days prior to cancelling the auto debit. I also give the Association authority to increase the auto debit as maintenance fees are increased by the Board of Directors.

Signature: _____ Date: _____

**Return this form with a voided check to
Florida Coastal Association Management
3806 Exchange Avenue, Naples, FL 34104.**

Please attach a blank, voided check here.