

Direct Debit Authorization Form

Bank Name: _____

Address: _____

City, State, Zip: _____

Routing Number: _____

Account Number: _____

Account Type: Checking _____ Savings _____

Name(s) on Account: _____

I/we authorize Sylvan Shores Association, Inc. to initiate debit and/or credit entries to my checking/savings account at the bank named above for annual assessments and other authorized charges. This includes initiating electronic debit entries, and if necessary, credit entries and adjustments for errors to my checking and/or savings account. This authorization will remain in effect until I/we have cancelled it in writing. The written notice of cancellation must be received by Sylvan Shores Association, Inc. at least two weeks prior to any scheduled debit.

This authorization is for: A single entry (annual) _____ Recurring entry (monthly) _____ or one or more subsequent entries initiated under a separate standing authorization (some other method approved in writing by Sylvan Shores Association, Inc.) _____

The debit will be: Monthly _____ Annually _____ Other _____ If "Other", please contact the office.

The amount debited will be the total amount of annual assessments due for the lot(s) I/we own within the eight subdivisions of Sylvan Shores Association, Inc. If paying annually, the full amount will be debited on the Friday preceding the due date of April 1st each year. If paying monthly, 1/12th of the amount will be debited each month on or around the 15th of the month for the twelve months prior to the due date of April 1st each year. (April 15th through March 15th.)

Signature: _____ Date: _____

Attach voided check.