

THE ISLE OF LOMBARDY



C/O Pinnacle Association Management
430 Lake Whitney Place, Port St. Lucie, FL 34986
Phone (772) 871-0004 Fax (772) 871-0005

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Property Address _____

Phone Number _____ E-mail _____

I (we) hereby authorize **CENTER STATE BANK**, to initiate debit entries from the bank account indicated below for the benefit of the depository named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. ***I (we) confirm that the source of the funds for payment of these debit entries will not originate from a Financial Agency's office located outside the territorial jurisdiction of the United States.***

Bank Name _____

Branch _____

City _____ State _____ Zip _____

Routing Number _____

Account Number _____

This authorization is to remain in full effect until the Originator has received written notification from the bank account owner(s) of any termination. This should be done in a suitable manner to allow all parties involved the opportunity to process any changes within a reasonable amount of time.

Name (please print) _____

Name (please print) _____

Account Holder Signature _____ Date _____

Account Holder Signature _____ Date _____

Note: In case of revoked authorization, written notification must be made to the originator no later than 15 days before the effective date of the next transaction.

Please attach a VOIDED check and return the form to
Isle of Lombardy
c/o Pinnacle AM, LLC
430 NW Lake Whitney Pl
Port St Lucie, FL 34986