AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

PALM BAY CLUB HOMEOWNERS CONDOMINIUM ASSOCIATION, INC.

Property Address			
Phone Number	E-m	mail	_
below for the benefit of the transactions to my (our) accessource of the funds for pay	depository named below. I (vount must comply with the pro	ebit entries from the bank account indicate we) acknowledge that the origination of AC ovisions of U.S. law. I (we) confirm that the will not originate from a Financial Agency ted States.	СН he
Bank Name			
Branch			
City	State	Zip	
Routing Number			
Account Number			
the bank account owner(s) o	of any termination. This should	inator has received written notification frould be done in a suitable manner to allow at thin 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 then 15 days before the effective date of the next transaction.

Please attach a VOIDED check