

**Palm Garden Lakes Community Association, Inc.**  
**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

Name (please print clearly) \_\_\_\_\_

Property Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

I (we) hereby authorize **CENTERSTATE BANK** , to initiate debit entries from the bank account indicated below for the benefit of the depository named above. 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 (CenterState Bank) 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.

Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

***\*Note: This form must be received in our office 15 days prior to the next assessment Due Date, with attached requested documentation. (i.e. voided check must be attached to be processed.)***

***\*\*Note: In case of revoked authorization, written notification must be made to the originator no later than 15 days prior to the next assessment Due Date.***

**Please attach a VOIDED check**