

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS

I (we) hereby authorize Coral Hammock Homeowners Association, Inc., its agent Keys Property Management Enterprise, Inc. to initiate debit entries in an amount not to exceed the monthly maintenance fee as determined annually by Board of Directors from my

Checking Account

Savings Account

at the financial institution specified below. Debits shall be drafted on the 5<sup>th</sup> of each month or the 1<sup>st</sup> business day prior to the 5<sup>th</sup>.

FINANCIAL INSTITUTION: \_\_\_\_\_

BRANCH: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

TRANSIT/ABA NUMBER: \_ \_ \_ \_ \_ (9 spaces)

ACCOUNT NUMBER: \_\_\_\_\_

This authority shall remain in full force and effect until Coral Hammock Homeowners Association, Inc. has received written notification from me (us) of its intent to terminate such authority and in such manner as to afford Coral Hammock Homeowners Association, Inc. and the financial institution named above a reasonable opportunity to act on the request.

NAME(S) ON ACCOUNT: \_\_\_\_\_

UNIT # PAYMENT IS TO BE APPLIED TO: \_\_\_\_\_

START DATE FOR TRANSACTIONS: \_\_\_\_\_

\_\_\_\_\_  
Owner/Account Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Account Holder

\_\_\_\_\_  
Date

**A VOIDED CHECK MUST BE ATTACHED TO THIS REQUEST.**