

**WANT TO SAVE TIME AND POSTAGE COST?**

Save time and postage each payment period. Just complete this Direct Debit Authorization Form, sign it, include a VOIDED check from the account you wish the Bank to debit and mail it to us in the Cash Management Department at:

CenterState Bank  
Cash Management  
4901 NW 17<sup>TH</sup> Way  
Suite 201  
Ft. Lauderdale, FL 33309

Beginning with the date designated by you, your payment will be automatically deducted from you Checking or Savings account on your regular payment due date. Please include a voided check with your name printed on it with this application. Temporary checks cannot be accepted due to banking regulations.

Name of your Association: HIDDEN HOLLOW

Unit Number: \_\_\_\_\_

Location: \_\_\_\_\_

Checking A/C ( ) or Savings A/C ( ) (please designate)

Account #: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_

Total Payment Amount: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Start Date: \_\_\_\_\_

Phone number with area code \_\_\_\_\_

Email Address \_\_\_\_\_

**ATTACH VOIDED CHECK HERE:**