MAINTENANCE FEE ELECTRONIC PAYMENT AUTHORIZATION

(Please write legibly)

Association Name:					
Property Address:					
Phone: (home)			(daytime)	
Owners Name(s) on Deed					
Email Address:					
Management Co. Account # (on yo	our bill or coupon))			
Month to start: (this will be the 1st	of the month)				
Assessment Frequency:	☐ Monthly	☐ Qua	rterly	☐ Annual	☐ Other
Assessment Amount:	\$				
Date to be charged each period: _		Sun or bar	ık holiday	, debit will occur r	next business day)
Name of Your Bank:					
Name(s) on Your Bank Account:					
Account to be charged:	☐ Checking (attached voided check)		☐ Savings (provide account and R/T numbers)		Savings Acct #:
					Bank R/T #:
account in the name of my home account, I authorize the homeow original ACH transmission amoun description as designated by the I appear on my bank statement on debit will remain in force until I n	owners association to the commers association to the commers and the commers and the commers and the date and with the date and with the date association.	on. In the to proces that all tra ment firn h the fre- tion in wr	event the sevent to the section of t	ne homeowners or credit corrections or will appear on association. I re opecified on this east 15 days price	e my financial institution to debit my association erroneously debits my ons to the amount, not to exceed the my bank statement under the ealize the authorized auto debit will form. In addition, I understand the auto or to canceling the auto debit. I also give changed by the association board.
Signature:					
Date:					
Please return completed form to:					
Mgmt Company Name: Sea Breez	e Community Mar	nagemen	t Service	es, Inc	
Mailing Address: 4227 Northlake E	Boulevard, Palm B	each Gar	dens, FL	33410	

*** Attach blank check to this form, if charging checking account***

FOR OFFICE USE ONLY:		
Date:		
Input into system by:		
Checked by:		