

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

C/O Phoenix Management Services Inc

Home/Unit Owner Name: _____

Unit # or ID#: _____

I (we) hereby authorize _____, hereinafter called the ASSOCIATION, to initialize entries to my (our) account indicated below at the DEPOSITORY, to debit the same to such account. This will include all future amount changes by the ASSOCIATION.

Homeowner's Bank Name: _____

Bank Address: _____

Routing Number or ABA Number: _____

Account Number: _____

Checking Savings

Amount of Dues or Payment: _____

Start Date Due and Term: _____

Every Month Between the 5th and 10th

This authorization is to remain in full force and effect until the ASSOCIATION, has received written notification from me (or either of us) of its termination in such time and in such a manner as to afford the ASSOCIATION a reasonable opportunity to act on it.

SIGNATURE OF HOMEOWNER

DATE

SIGNATURE OF HOMEOWNER

DATE

Contact Telephone Number: _____

Email Address: _____

Attention: Please provide a copy of a voided or canceled check to verify bank information.

Please mailed or fax form and check to: Phoenix Management Services, Inc.
4800 N State Road 7 Suite 105
Lauderdale Lakes FL 33319
Telephone: 954-640-7070 Fax: 954-640-7080

***Return or rejected ACHs are subject to late fees.