## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

C/o Phoenix Management Services, Inc.

SIGNATURE OF HOMEOWNER  DATE  Contact Telephone Number:  Email Address:  ATTENTION: PLEASE PROVIDE A COPY OF A VOIDED OR CANCELLED CHECK TO	Home/Unit Owner(s) Name:	
Owner's Mailing Address:  I (we) hereby authorize (association's name)	Unit # or Account #	
hereinafter called the association, to initialize entries to my (our) account listed 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:  Routing Number or ABA number:  Account Number:  Amount of dues or payment:  Start Date:  Frequency & Date to be deducted: Monthly or Quarterly  This authorization is to remain in full force and effect until the Association, has received written notification from or (either of us) of its termination in such time and in such manner as to afford the association a reasonable opportunity to act on it.  SIGNATURE OF HOMEOWNER  DATE  Contact Telephone Number:  Email Address:  ATTENTION: PLEASE PROVIDE A COPY OF A VOIDED OR CANCELLED CHECK TO VERIFY BANK INFORMATION.  Please mail 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	Owner's Mailing Address:	
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