## CenterState Bank

## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Home/Unit Owner Name:
Unit # or ID #
I (we) hereby authorize (Assoc. Name) BOCA LAKES hereinafter called the ASSOCIATION, to initialize entries to my (our) account indicated below at the DEPOSITORY, to debit the same to such amount. This will include all future amount changes by the Association.
Home/Unit Owner's Bank Name
Bank Address:
Routing Number or ABA Number:
Account Number ( ) checking ( ) savings
Amount of Dues or Payment: _\$270.00_Monthly
Start Date Due:
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, and CenterState Bank a reasonable opportunity to act on it.
Signature of Homeowner:
Date:
Attention Homeowner: Please attach a copy of a voided or canceled check to verify bank information. For savings accounts please have your financial institution supply the correct ACH information needed, as this is very important. Returned or rejected ACHs

Please note: If the assessment amount changes for a new budget year the bank will automatically update the assessment rate. Direct payment will only pay the current assessment. Any future special assessments will not be automatically deducted without additional documentation.

are subject to fees. The cut-off date for ACH is the 10th of every month.