

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: \$300.00 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
are subject to fees. The cut-off date for ACH is the 10th of every month.

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.