

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Home/Unit Owner Name:	
Unit# or ID#:	PINE ISLAND BAY HOA, INC
	ON, to initialize entries to my (our) account indicated below at the co such account. This will include all future amount changes by the
Home/Unit Owner's Bank Name:	
Bank Address:	
Routing Number or ABA Number:	
Account Number:	☐ Checking ☐ Savings
Amount of Dues or Payment:	
Start Date Due & Term:	Every Month / Quarter Between the 1 & 10
notification from me (or either of	n full force and effect until the ASSOCIATION, has received written us) of its termination in such time and in such a manner as to affordular a reasonable opportunity to act on it.
Signature of Homeowner	Date
Signature of Homeowner	Date

Attention: Whenever possible, provide a copy of a voided or canceled check to verify bank information. Return or rejected ACHs are subject to late fees. The cut-off is the 15th of every month.

