

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)**

NOTE: IN ORDER TO PROPERLY VERIFY BANKING INFORMATION, PLEASE INCLUDE A VOIDED CHECK.

I (we) hereby authorize **Tropical Isles Co-Op, Inc.** and its agent, Keystone Property Management Group, hereinafter called "Company," to initiate debit entries to my (our) Checking Account or Savings Account (**circle one**) indicated at the financial institution named below, and to debit the same to such account for the purpose of collecting assessments for my community association. I (we) understand that this debit will occur on or about the 3rd business day following the application of the assessment. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name: _____ Branch (if applicable): _____

City: _____ State: _____ Zip: _____

Routing Number (9 digits): _____ Bank Account Number: _____

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

My property address: _____ My Unit #: _____

Name(s): _____
(Please print) (Please print)

Signature(s): _____

Date: ___/___/___ Phone #: _____ E-Mail: _____

PLEASE RETURN FORM AND VOIDED CHECK VIA E-MAIL TO: DANIELLE@KEYIRC.COM OR VIA MAIL TO:

***Tropical Isles Co-Op, Inc.
281 Tropical Isle Circle
Fort Pierce, FL 34982***

NOTE: COMPLETED FORM MUST BE RECEIVED IN OUR OFFICE AT LEAST 3 BUSINESS DAYS PRIOR TO THE APPLICATION OF YOUR NEXT ASSESSMENT.

PLEASE DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.

Date Received: ___/___/___ Date entered: ___/___/___ By: _____