



**Tropical Isles Co-Op, Inc.**

281 Tropical Isles Circle

Fort Pierce, FL 34982

**MAINTENANCE FEE  
ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

Association Name: Tropical Isles Co-Op, Inc

Name on Title: \_\_\_\_\_

Property Address: \_\_\_\_\_

Account Information: Lot #: \_\_\_\_\_

Start Date: Month: Day Year \_\_\_\_\_

Assessment Frequency:  Monthly

Assessment Amount: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Name(s) on Bank Account: \_\_\_\_\_

Account to be charged:  Checking (Include a Voided Check)  Savings (Include a Deposit Slip)

Home Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

**I have included a blank (voided) check or a blank deposit slip with this application.**

I hereby authorize my financial institution to debit my account in the name of my Homeowners Association. The Auto **Debit will appear on my bank statement between the 5th and 10th working day of each month**, if a monthly assessment, or the 5th and 10th working day of the first month of the quarter if a quarterly assessment. In addition, I understand this Auto Debit will remain until I notify my Association in writing 30 days prior to canceling the Auto Debit. I also give the Association authority to increase the Auto Debit as maintenance fees are increased by the Board of Directors. **The automatic ACH payment convenience fee is \$2.95 per transaction.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Carr, Riggs & Ingram, LLC  
33 SW Flagler Avenue  
Stuart, FL 34995-3388  
Fax: 772-600-4267

***Attn: Lynette***