



AUTHORIZATION FORM

FOR ELECTRONIC DEBIT

ACCOUNT HOLDER INFORMATION

First Name: Last Name:

Century Village Address:

City: State: Zip:

Phone Number: Secondary Number:

Email Address:

Debit Start Date: Month Year

Type of Bank Account: Checking Savings

Account Holder Agreement:

I, the account holder, have included a Blank Voided Check (Must be a bank located within the Continental United States) and hereby authorize my financial institution to debit my account in the make of the entity indicated above. I understand this debit will appear on my bank statement between the 5th and 10th day of each month. In addition, I understand this auto debit will be valid until I notify the entity indicated above in writing 30 days prior to canceling the auto debit. I also give the entity indicated above the authority to increase the auto debit as the Board of Directors increases the maintenance fees.

Account Holder Signature

Date

Please return completed form (with voided blank check) to:

CenClub Recreation Management Inc. – Auto Debit

2400 Century Boulevard

Deerfield Beach, Florida 33442

Questions? The CenClub Administration Office is open Monday through Friday from 9:00am to 5:00pm. Stop by or please call (954) 428-6892 ext.1.

Attach Void Check Here