



Authorization Agreement for Direct Deposits (ACH Debits)

Name: Seapointe Village Village & Unit Number: _____

I (we) hereby authorize Seapointe Village, hereinafter called COMPANY, to initiate debit entries to my (our) ___Checking Account/___Savings Account (*select one*) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account for monthly maintenance condo fees and reserve funding payments as outlined in the HOA approved budget. I (we) acknowledge that the organization of ACH transactions to my (our) account comply with the provisions of U.S. law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Account Number: _____ 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 to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____
(Please Print)

Date: _____ Signature: _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Please return form to spvma@comcast.net, fax to 609-729-8489 or mail to the address below.