MAINTENANCE FEE ELECTRONIC PAYMENT AUTHORIZATION

(Please write legibly)

Association Name:							
Property Address:							
Phone: (home)	(daytime)						
Owners Name(s) on Deed							
Email Address:							
Management Co. Account # (on y	our bill or coupon))					
Month to start: (this will be the 1	st of the month)						
Assessment Frequency:	☐ Monthly	Qua	arterly	☐ Annual	Other		
Assessment Amount:	\$	_					
Date to be charged each period:	1st (If Sat, S	Sun or bai	nk holiday	, debit will occur i	next business day)		
Name of Your Bank:							
Name(s) on Your Bank Account:							
	☐ Checking (attached voided check)		☐ Sav	•	Savings Acct #:		
Account to be charged:			(provid R/T nu	e account and mbers)	Bank R/T #:		
I have included a voided check o account in the name of my home account, I authorize the homeow original ACH transmission amou description as designated by the appear on my bank statement or debit will remain in force until I in the association authority to char	eowners association to whers association to the control of the con	on. In the to proces nat all tra ment fire h the fre ion in wr	e event to s debit of nsaction m for my equency riting at l	he homeowners or credit correcti is will appear on association. I re specified on this east 15 days pri	association erroneously debits ons to the amount, not to exce my bank statement under the ealize the authorized auto debit form. In addition, I understand to canceling the auto debit.	ed the t will the auto	
Signature:							
Date:							
Please return completed form to	:						
Mgmt Company Name: Sea Bree	ze Community Ma	<u>nagemer</u>	nt Service	es, Inc			
Mailing Address: <u>4227 Northlake</u>							

*** Attach blank check to this form, if charging checking account***

FOR OFFICE USE ONLY:		
Date:		
Input into system by:		
Checked by:		