

Credit/Debit Authorization

I (we) hereby authorize **St. Augustine Shores Service Corporation** (THE COMPANY) to initiate entries to my checking/savings accounts at **Ameris Bank** (THE FINANCIAL INSTITUTION), and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Owner's Information

Unit# () Telephone #

Name of Account Holder (PLEASE PRINT) Email

Address of Account Holder (PLEASE PRINT) City State ZIP

Address of Property (PLEASE PRINT) City State ZIP

St. Augustine FL 32086

Bank Information

Bank Name Branch


Routing Number Account Number Amount/Month

\$32.75

Unless otherwise noted, I will **NOT** receive the annual coupon book.

Signature Date

Attach below a voided check to this form.

Your Name 123 Main Street Anywhere, USA 55555	56789 Date: _____
PAY TO THE ORDER OF _____ \$ _____ _____ DOLLARS	
 Bank of America Anywhere, USA 12345	
FOR _____	
⑆24858701⑆ Routing#	⑆4726634650⑆ 12258⑆ Account #