



## ACH BANK CREDIT/DEBIT AUTHORIZATION

I (we) hereby authorize ST AUGUSTINE SHORES SERVICE CORPORATION to initiate charges to my checking account for the monthly HOA dues on my HOA account. This authority shall remain in effect until I (we) notify the ST AUGUSTINE SHORES SERVICE CORPORATION in writing at least (10) business days prior to the requested cancellation date.

By signing this form, I (we) give consent for the ST AUGUSTINE SHORES SERVICE CORPORATION to automatically change the amount taken from my bank account each year in accordance with the associations approved budget. I (we) understand that it is my (our) responsibility to be aware of such changes and update our records with the current rate as potential increases take place.

### PROPERTY OWNER INFORMATION

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Name of Bank Account Holder

Phone Number

Email Address

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Property Address

City

State

Zip Code

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Mailing Address (if different)

City

State

Zip Code

### BANK INFORMATION *(please attach a voided check to this form)*

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Bank Name

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Routing Number

Account Number

Amount to be Debited Monthly

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Property Owner Signature

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Date