

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS

I hereby authorize **Community Association for Sorrento, Inc.** ("Association") to initiate monthly debits from my (select one):

		(MM/YYYY).							
following	business	day.	Monthly	drafts	from	my	account	will	begin
		er) or the Asso	•						
		5.00 for my c ount will not	-				•	•	
•••••••						00 (
		Checking	Account	or	🖵 Savi	ngs Acco	unt		

If for any reason my bank account number and/or financial institution changes, I must notify, in writing, the Association by the 5th of the month. If this is not done in a timely manner and the debit is returned (for any reason), I understand that I will be charged a \$25 penalty. Changes in account numbers and institutions require a new Authorization Agreement and a two (2) week processing period. During this time fees should be paid by check.

Homeowner:			
Property Address:			
Mailing Address:			
Phone:	Lot #:		
Email Address:			
Financial Institution:	Branc	h:	
City: Sta	ate:	Zip:	
Transit/ABA Number:			
Account Number:			
(Please ensure the above numbers are a	accurate and clearly wi	itten as rejected numbers may	result in a fee)
280	Remit to 1 SW Archer Road, Ga HOA@emmergr	inesville, FL 32608	
HOMEOWNER SIGNATURE:		Date:	