

DIRECT PAYMENT AUTHORIZATION

I (WE) HEREBY AUTHORIZE: **TITUSVILLAGE SECTION ONE PROTECTIVE ASSOCIATION, INC**

HEREINAFTER CALLED "COMPANY", TO INITIATE DEBIT ENTIRES, AND IF NECESSARY, DEBIT CORRECTION AND ADJUSTMENT ENTRIES TO MY (OUR) ACCOUNT AT THE FINANCIAL INSTITUTION LISTED BELOW.

BANK NAME _____

BANK ADDRESS _____

CITY/STATE _____

ROUTING/TRANSIT NUMBER _____

ACCOUNT NUMBER _____

MONTHLY PAYMENT AMOUNT \$ _____

PAYMENT DATE: *5th of January, 5th of April, 5th of July & 5th of October each year*

UNIT # _____

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL "COMPANY" HAS RECEIVED WRITTEN NOTIFICATION FROM THE RECIPIENT OF ITS TERMINATION IS SUCH TIME AND MANNER AS TO AFFORD "COMPANY" A REASONABLE TIME TO ACT UPON IT.

SIGNATURE _____

PRINTED NAME _____

DATE _____

(PLEASE ATTACH A VOIDED CHECK OR FINANCIAL INSTITUTION ACCOUNT VERIFICATION LETTER TO THIS FORM)

PLEASE RETURN TO:

SUNRISE BANK
ATTN: LIZBETH MANDEVILLE
5604 N ATLANTIC AVE
COCOA BEACH FL 32931
(321)328-2211 or lmandeville@sunrisebank.com