

## **AUTHORIZATION FORM FOR AUTO - DEBIT OF MAINTENANCE FEE**

Association Name: Venetian Terrace Cond	do Association, Inc	
Name on Owner's Bank Account:		
Property Address:		
Association/Maintenance Account Number:		
Start Auto Debit Date:/		
Type of Bank Account (Check One):	Personal Checking Personal Saving	
Home Phone:	Cell phone:	
Email (Please type):		
association and it is Property Management Company to debit will appear on my bank statement between the 1st the first month of the quarter (if quarterly assessment). I in writing 30 days prior to canceling the auto debit. I all increase or decrease the auto debit as the Board of Direction of the control o	and 10th day of each month (if m n addition, I understand this auto Iso give the association and it is	nonthly assessment) or the 1st and 10th day of debit will remain until I notify my association Property Management Company authority to
reflecting on my bank account under a third party name of the Association's name. I understand there are Fees and of the Auto Debit; I understand those fees and charges will be Signature:	charges for Auto debits from a bar be applied to my account with my l	nt Company, Third Party Financial Institution or nk account with insufficient funds to complete Homeowners Association.
the Association's name. I understand there are Fees and of the Auto Debit; I understand those fees and charges will be Signature:	charges for Auto debits from a bar be applied to my account with my l	nt Company, Third Party Financial Institution or nk account with insufficient funds to complete
the Association's name. I understand there are Fees and of the Auto Debit; I understand those fees and charges will be	charges for Auto debits from a bar be applied to my account with my l Daneck) to:	at Company, Third Party Financial Institution or nk account with insufficient funds to complete Homeowners Association.  ate:
the Association's name. I understand there are Fees and of the Auto Debit; I understand those fees and charges will be signature:  Please return completed form (with Voided Charges Management, LLC PO Box 590035) Fort Lauderdale, FL 33359	charges for Auto debits from a bar be applied to my account with my long Daneck) to:  Email: info@	et Company, Third Party Financial Institution or nk account with insufficient funds to complete Homeowners Association.  ate:  @realonepm.com 436-0522