Waterside Village of Palm Beach Condominium Association, Inc.
132 Waterside Dr., Hypoluxo, FL 33462
(561) 582-6765 watersidevillage@bellsouth.net

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENT

Unit Owner Name(s): _____

Unit # _____

I (we) hereby authorize ***Waterside Village of Palm Beach Condominium Association, Inc.,*** hereinafter called the ***Association,*** to initialize entries to my (our) account indicated below at the DEPOSITORY, to debit the same to such account. This will include all future amount changes by the ***Association.***

Unit Owner's Bank Name: _____

Bank Address: _____

Routing Number or ABA Number | | | | | | | | | |

Account Number | | | | | | | | | | | | | | | | | | |

☐ Checking ☐ Savings

Amount of Assessment: $575.00

Start Date: _____

Due & Term: Every Month between the 1st & 10th *

**** You must have available funds in the account on the 1st of every month. We will withdraw funds every month between the 1st and the 10th.***

This authorization is to remain in full force and effect until the ***Association,*** has received written notification from me (or either of us) of its termination in such time and in such a manner as to afford the ***Association*** a reasonable opportunity to act on it.

Signature of Owner: _____ **Date** _____

Signature of Owner: _____ **Date** _____

Attention: *Whenever possible, provide a copy of a voided or cancelled check to verify bank information. Returned or rejected ACHs are subject to late fees and bank fees.*