

# PRE-AUTHORIZED DEBIT FORM

Please complete the Pre-Authorized Debit Form below and retain a copy for your records. If you are using a checking account for Pre-Authorized Debits, you must include a voided check from that account. If you are using a savings account, you must enclose a savings deposit ticket, which includes your account number.

## Automatic Debit Authorization

I hereby authorize [Delray Villas HOA Plat 3] and its successors to initiate electronic debit entries on my checking or savings account indicated below. I also authorize the financial institution ("BANK") named below to debit these entries from my account. This authority shall remain in effect until [Delray Villas HOA Plat 3] and BANK have received notification of its termination. This notification must be received by [Delray Villas HOA Plat 3] and BANK within 10 business days of the effective termination date, allowing a reasonable amount of time for processing.

Bank Account Holder Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_ Account # \_\_\_\_\_

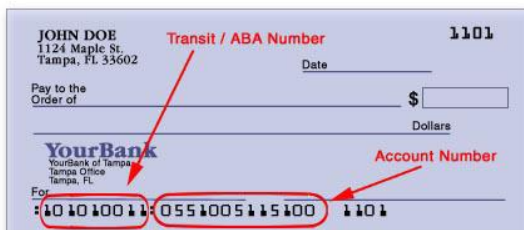
City/State: \_\_\_\_\_ email address: \_\_\_\_\_

Bank Phone Number: \_\_\_\_\_

Bank Account Type:  Checking Account  Savings Account.

Recurrence:  One Time  Quarterly  Monthly  Weekly

Debit amount: \_\_\_\_\_ Date to Debit: \_\_\_\_\_



TRANSIT ROUTING NUMBER / ABA

BANK ACCOUNT NUMBER

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I understand that should the regularly scheduled debit date fall on a weekend or Federal holiday, the debit shall occur on the banking date prior.

This authorization is to remain in full force and effect until [Delray Villas HOA Plat 3] has received written notification from me of its termination in such a time and manner as to afford [Delray Villas HOA Plat 3] and BANK a reasonable time to act upon it.

\_\_\_\_\_  
Bank Account Holder Name

\_\_\_\_\_  
Bank Account Holder Signature

\_\_\_\_\_  
Date

Please attach a voided check or financial institution account verification document to this form.