

AUTHORIZATION FORM FOR ACH DEBITS

BONITA LAKES PROPERTY OWNER'S ASSOCIATION

I (we) authorize the Bonita Lakes Property Owner's Association to initiate debit entries and/or correction entries to our Checking Savings account (select one) indicated below at the depository named below to credit the same such account. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of US law.

DEPOSITORY NAME

BRANCH

CITY

STATE

BANK TRANSIT/ABA NUMBER

ACCOUNT NUMBER

This authorization is to remain in full force until the Bonita Lakes Property Owner's Association has received written notification from me (or either or us) of its termination in such time and in such manner as to afford the Bonita Lakes Property Owner's Association and the depository reasonable opportunity to act upon it.

NAME

NAME

SIGNATURE

SIGNATURE

DATE

DATE

I (we) declare that the direct deposit authorization should cease on our next scheduled payment on _____.

NAME

NAME

SIGNATURE

SIGNATURE

DATE

DATE