



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS

I hereby authorize **Community Association of Lugano, Inc.** ("Association") to initiate monthly debits from my (select one):

Checking Account or Savings Account

in the amount of **\$195.00** per month. I understand that this amount will not change and is in full force until written notification is received by either myself (homeowner) or the Association. The withdrawal will occur on the 10th of each month, or the following business day. Monthly drafts from my account will begin _____ (MM/YYYY).

If for any reason my bank account number and/or financial institution changes, I must notify, in writing, the Association by the 5th of the month. If this is not done in a timely manner and the debit is returned (for any reason), I understand that I will be charged a \$25 penalty. Changes in account numbers and institutions require a new Authorization Agreement and a two (2) week processing period. During this time fees should be paid by check.

Homeowner: _____

Property Address: _____

Mailing Address: _____

Phone: _____ Lot #: _____

Email Address: _____

Financial Institution: _____ Branch: _____

City: _____ State: _____ Zip: _____

Transit/ABA Number: _____ Account Number: _____

(Please ensure the above numbers are accurate and clearly written as rejected numbers may result in a fee)

REMIT TO:
Community Association for Lugano, Inc.
2801 SW Archer Road, Gainesville, FL 32608
HOA@emmergroup.com

HOMEOWNER SIGNATURE: _____

DATE: _____