



**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS**

**NEW EFT ACCOUNT**       **CHANGE EXSISTING ACCOUNT**

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

Checking Account      or       Savings Account

in the amount of \$75.00 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 20<sup>th</sup> of each month, or the following business day. Monthly drafts from my account will begin \_\_\_\_\_.  
If for any reason my bank account number and/or financial institution changes, I must notify, in writing, the Association by the 15<sup>th</sup> 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 NFS Fee. Changes in account numbers and institutions require a new Authorization Agreement.

Homeowner: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_      Lot #: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit/ABA Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK (DEPOSIT SLIP IF SAVINGS ACCOUNT)**

Remit to:

**Emmer Management Corp.  
2801 SW Archer Road, Gainesville, FL 32608**

HOMEOWNER  
SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_