



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS

NEW EFT ACCOUNT **CHANGE EXSISTING ACCOUNT**

I hereby authorize **Community Association of Portofino, 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 20th 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 15th 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 #: _____

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: _____