

# Brickell Place Phase II Association, Inc.

## Authorization Agreement Direct Payments (ACH Debits)

I (we) hereby authorize Brickell Place Phase II Association, Inc. hereinafter called "the Company", to process monthly recurring debits on or about the fifth day of each month from my (our) account indicated below and the financial institution named below, hereinafter called "the Financial Institution", to be applied to the regular monthly assessment and/or special assessments obligations for:

Unit Number: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Select one or both:     Monthly Regular Assessment     Special Assessment

Select one below:     First Time Enrolling     Changing Existing Information

Complete Information Below:

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Branch)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(ABA - Routing Number)

\_\_\_\_\_  
(Account Number)

Acct Type:    Checking        Savings   

This authority is to remain in full force and effect until the Company has received signed written notification from me (or either of us) of its termination no later than the 25<sup>th</sup> of the preceding month.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date