

TROPICAL BREEZE ESTATES, INC.
4280 Mockingbird Dr.
Boynton Beach, FL 33436
561-732-4878

I/we hereby authorize Tropical Breeze Estates and its bank, PNC Bank, to initiate debit entries to my/our account at the financial institution indicated below on behalf of my/our Association named below on the fifth (5th) day of each quarter (per the Association's documents) in the amount of \$_____ for any association maintenance fees/dues. I understand the amount may change according to the Association's adopted annual budget.

This authorization is to remain in full force and effect until the association has received written notification from me of its termination. This authorization form or the aforementioned notice of termination must be provided 14 days prior to the effective date. I understand returned or rejected payments are subject to late fees and bank fees charged to the Association for returned checks.

HOMEOWNER INFORMATION:

NAME OF HOMEOWNER: _____

ACCOUNT NUMBER: _____

BANK INFORMATION:

BANK NAME: _____

TRANSIT/ABA # (9 digit routing #) _____

BANK ACCOUNT #: _____

AUTOMATIC DEBIT START DATE: _____

CIRCLE ONE: CHECKING / SAVINGS

Please attach copy of voided check

Signed: _____ Date: _____

Return this form and voided check to **Tropical Breeze Estates** at the address above.