

BF1

C/O A SOLID PROPERTY MANAGEMENT GROUP 85 GRAND CANAL DRIVE, SUITE 201 MIAMI, FL 33144

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Unit Owner's Name:	
Unit's Address:	
	ofter called the ASSOCIATION, to initialize entries to my (our) account , to debit the same to such account. This will include all future amount
Unit Owner's Bank Name:	
Bank Address :	
Routing Number or ABA Number:	
Account Number:	Checking Savings
Amount of Dues or Payment:	
Start Date Due & Term:	Every Month on the 10 th starting in the month of

This authorization is to remain in full force and effect until the ASSOCIATION, has received written notification from me (or either of us) of its termination in such time and in such a manner as to afford the ASSOCIATION, and Banco Popular a reasonable opportunity to act on it.

Signature of Homeowner	Date
Signature of Homeowner	Date

Attention: Whenever possible, provide a copy of a voided or canceled check to verify bank information. Return or rejected ACHs are subject to late fees. The cut-off is the 15th of every month.

