

AUTHORIZATION AGREEMENT FOR ACH DEBITS

Association Name: _____

Owner Name	Last	First	MI	Telephone	
Owner Name	Last	First	MI	Cell phone	
Property Address		Unit #	City	State	Zip

I hereby authorize Southern States Management Group, Inc., who is acting as agent for The Association to initiate withdrawals from my account at the financial institution named hereon, for payment of The Association fees, and authorize the named financial institution to charge such withdrawals to my account. By authorizing Southern States Management Group to debit my account for recurring assessments and other charges as may be authorized, I am also providing authorization for them to adjust the initial and ongoing debit of my account for any past due or prepaid assessments not to exceed two times the monthly assessment amount. I authorize withdrawals to be made once monthly on or before the tenth day of each month, in the amount of the current assessment*.

*

I understand that both the financial institution and Southern States Management Group, Inc. as agent for The Association reserves the right to terminate this payment plan and/or my participation therein. I also understand that I may discontinue enrollment with a 30-day written notice to Southern States Management Group, Inc.

This authorization will be in effect until either party gives notice to the other of termination. I understand Southern States Management Group, Inc. as agent for The Association must receive my written notice in time for it to have a reasonable opportunity to act. I further understand that if at such future time Southern States Management Group, Inc. is no longer acting as the legal property management agent for The Association, this authorization becomes null and void.

_____ **Checking account** (Enclose a **voided** check)

_____ **Savings account** (Enclose a deposit slip that includes your account number and your banks' correct routing number)

Financial Institution			Telephone		
Address	Unit #	City	State	Zip	
Routing number		Account number			
Owner signature			Date		
Owner signature			Date		

- If a bank account is listed in more than one name, all account holders MUST sign.
- Attach a voided check.
- Sign and date the authorization agreement.
- Mail to Southern States Management Group, Inc., OR bring in person to Southern States Management Group, Inc. (2 Camino del Mar, Palm Coast, FL 32137)

* Assessment amounts are subject to change based on adoption of the Association's annual operating budget.