

# Debit Authorization

I (we) hereby authorize **Regency Towers Condominium Association Inc.**, to initiate monthly debit entries to my (our) account indicated below and the financial institution named below, hereinafter called **FINANCIAL INSTITUTION**, to debit the same to such account for **\$687.00**. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

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(Financial Institution Name)

(Branch)

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(Address)

(City/State)

(Zip)

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(Routing Number)

(Account Number)

Type of Account: Checking \_\_\_\_\_ Savings \_\_\_\_\_

This authority is to remain in full force and effect until **Regency Towers Condominium Association Inc.**, has received written notification from me (or either of us) of its termination. Regency Towers is to be notified no less than fifteen (15) days prior to the next transmission.

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(Print Name)

(Signature)

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(Unit Number)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS  
FORM