

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 **\$680.00**. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Branch)

(Address)

(City/State)

(Zip)

(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.

(Print Name)

(Signature)

(Unit Number)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS
FORM