

ROYAL PARK CONDOMINIUM APARTMENTS, INC.

119 Royal Park Drive #1A, Oakland Park, FL 33309
Office: 954-739-6300 FAX: 954-731-4341 RoyalParkCondos.com

Authorization Agreement for ACH Debit Withdrawals for Preauthorized Payments

Building #: _____ **Unit #:** _____

I hereby authorize Royal Park Condominium Apartments, Inc., hereafter called COMPANY, to initiate debit withdrawals **quarterly** from my ___ checking ___ savings account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same from such account in the amount based on the unit type. I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of U.S. law and the laws of the State of Florida.

Depository Name: _____

Depository Address: _____

Routing #: _____

Account #: _____

Unit Type : ___ 1 Bedroom ___ 2 Bedroom (Select unit type to determine amount)

Date To Begin Quarterly Debit Withdrawals: _____

Date Schedule of Quarterly Debit Withdrawals: January 6, April 6, July 6, October 6

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and it will not hit your account prior to the authorized date.

If your payment is returned unpaid, a \$25.00 return fee will be assessed on the unit account. If the payment is not resolved prior to the 10th of the withdrawal month, a \$25.00 late charge will be added to the unit account.

**** A voided check MUST be attached to this form. ****

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination. This notification must be received 7 days prior to the next scheduled withdrawal date to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Print Name

Signature

Date

Office Use Only:

Rec. By: _____ Date Changed In Accounting: _____