



**Automatic Debit Authorization for
Homeowner's Association Dues Payments**

(Resident/ Owner Name)

(Unit ID/Account Number)

(Owner Address, City, State, Zip)

(Association Name)

(Start Date)

(Monthly / Quarterly)

(Dollar Amount)

(Financial Institution Name)

(Routing & Transit Number)

(Account Number)

Account Type: (circle one) *Checking* *Savings*

By signing below you give authorization for CenterState Bank to debit the account noted above for the periodic dues payments as per your agreement with the above named Association. This authority is to remain in full force and effect until "Bank" has received written notification from the recipient of its termination in such a time and manner as to afford "Bank" a reasonable time to act upon it.

(Owner Signature)

(Date)

(Printed Name)

(Daytime Telephone Number)

Please attach a voided check or
financial institution account verification letter and mail to :
Towers Property Management, Inc.
1320 N. Semoran Blvd., Suite 100
Orlando, FL 32807
Fax – 407-730-9877 / e-mail – emily@towerspropertymgmt.com