

MAINTENANCE FEE ELECTRONIC DEBIT AUTHORIZATION

ASSOCIATION NAME: **ST JAMES GOLF CLUB HOMEOWNERS ASSOCIATION. INC.**

NAME ON DEED: _____

PROPERTY ADDRESS: _____

YOUR UNIT ASSESSMENT ACCOUNT# _____ (Not your Bank Account Number)

MONTH START DATE _____

ASSESSMENT FREQUENCY **Quarterly**

ASSESSMENT AMOUNT \$ 450.00 - (Quarterly Maintenance Assessment)

NAME OF BANK _____

NAMES ON BANK ACCOUNT _____

ACCOUNT TO BE CHARGED _____ Checking (Voided Check must be included)

SS# _____ - _____ - _____

Home Phone _____ Day time Phone _____

I HAVE INCLUDED A BLANK VOIDED CHECK AND HEREBY AUTHORIZE MY FINANCIAL INSTITUTION TO DEBIT MY ACCOUNT IN THE NAME OF MY HOMEOWNERS ASSOCIATION. I UNDERSTAND THIS DEBIT WILL APPEAR ON MY BANK STATEMENT UNDER THE DESCRIPTION OF ASSOCIATION LOCK BOX. I ALSO REALIZE THE AUTO DEBIT WILL APPEAR ON MY BANK STATEMENT BETWEEN THE 5TH AND 10TH WORKING DAY OF EACH MONTH, IF A MONTHLY ASSESSMENT OR BETWEEN THE 5TH AND 10TH WORKING DAY OF THE FIRST MONTH OF THE QUARTER, IF A QUARTERLY ASSESSMENT. IN ADDITION, I UNDERSTAND THIS AUTO DEBIT WILL REMAIN UNTIL I NOTIFY MY ASSOCIATION IN WRITING 30 DAYS PRIOR TO CANCELING THE AUTO DEBIT. I ALSO GIVE THE ASSOCIATION AUTHORITY TO INCREASE THE AUTO DEBIT AS MAINTENANCE FEES ARE INCREASED BY THE BOARD OF DIRECTORS.

SIGNATURE _____

DATE _____

PLEASE RETURN COMPLETED FORM TO:

Saint James Golf Club Homeowners Association, Inc.

5601 NW Saint James Blvd.

Port Saint Lucie, FL. 34983

FOR ASSISTANCE PHONE: 772 - 344-0219