

## Credit/Debit Authorization

I (we) hereby authorize **St. Augustine Shores Service Corporation** (THE COMPANY) to initiate entries to my checking/savings accounts at **Ameris Bank** ( THE FINANCIAL INSTITUTION), and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

### Owner's Information

\_\_\_\_\_  
Unit# ( ) Telephone #

\_\_\_\_\_  
Name of Account Holder (PLEASE PRINT) Email

\_\_\_\_\_  
Address of Account Holder (PLEASE PRINT) City State ZIP

\_\_\_\_\_  
Address of Property (PLEASE PRINT) City State ZIP

St. Augustine FL 32086

### Bank Information

\_\_\_\_\_  
Bank Name Branch

\_\_\_\_\_  
Routing Number Account Number Amount/Month

**\$30.90**


Unless otherwise noted, I will **NOT** receive the annual coupon book.

\_\_\_\_\_  
Signature Date

Attach below a **voided** check to this form.

**Your Name** 56789  
123 Main Street  
Anywhere, USA 55555 Date: \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ DOLLARS

 **Bank of America**  
Anywhere, USA 12345

FOR \_\_\_\_\_

⑆24858701⑆ 4726634650⑆ 12258⑆  
Routing# Account #