

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

\$31.80


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 #