APOGEE ASSOCIATION SERVICES AUTOMATIC DEBIT BANK AUTHORIZATION FORM

I (we) hereby authorize APOGEE ASSOCIATION SERVICES 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 Lock Box. I also understand the automatic debit will appear on my bank statement between the 1st and 10th working day of each month. I also give APOGEE ASSOCIATION SERVICES the authorization to increase the automatic debit as the Board of Directors increases maintenance fees. This authorization will remain in effect until APOGEE ASSOCIATION SERVICES is notified by me (us) in writing to cancel, in such time as to afford them a reasonable opportunity to act on it.

NAME OF MY FINANCIAL INSTITUTION: _____

CHECKING/SAVINGS ACCOUNT NUMBER: _____

ADDRESS OF THE FINANCIAL INSTUTION: _____

_____

AUTHORIZATION START DATE: _____

ASSESSMENT MONTHLY AMOUNT: $_____

MY UNIT NUMBER IS: _____

HOMEOWNER'S NAME: _____
(PLEASE PRINT)

CLIENT SIGNATURE: _____

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PLEASE ATTACH A VOIDED CHECK.
(APPLICATION WILL NOT BE PROCESSED IF NO CHECK IS ATTACHED.

RETURN TO: APOGEE ASSOCIATION SERVICES
3600 S. CONGRESS AVENUE SUITE K
BOYNTON BEACH, FL 33426
ATTENTION: ACCOUNTING DEPARTMENT