

## **Authorization for Direct Payments (ACH Debits)**

## NOTE: A VOIDED CHECK MUST BE ATTACHED (INCLUDED) WITH THIS FORM TO BE PROCESSED

I (we) hereby authorize our association Account or ☐ Savings Account (select called "Depository," and to debit the seassociation. I (we) understand that this	one) indicated below at the came to such account for the	depository financial institution no purpose of collecting assessn	named below, hereinafter ments for my community
are due. I (we) acknowledge that the of United States law. Requests for AC	rigination of ACH transaction	ns to my (our) account must co	mply with the provisions
Depository Name:		Branch:	
City:	State:	Zip:	
Routing Number (9 digits):	Account Nun	nber:	
This authorization is to remain in full fous) of its termination in such time, and act on it. To the extent that any terms coin any other agreements which govern	in such manner, as to afford ontained in this Agreement a	Company and Depository a re	easonable opportunity to and conditions contained
My association is:			
Property Address:			
Name(s):			
(Please print)			
Signature(s):			
Date:			
NOTE: A VOIDED CHECK MUST BE	ATTACHED OR INCLUDED	WITH THIS FORM TO BE PR	ROCESSED
PLEASE RETURN FORM AND VOIDE Fairway Management of Brevard, INC 1331 Bedford Drive Ste 103 Melbourne, FL 32940 Fax (321) 777-4646 Email: accounting@fairwaymgmt.co			
Management Company Use Only:			
Homeowner Account Number:		<del>_</del>	
Date entered:		_	

To the extent that any terms contained in this Agreement are inconsistent with any terms and conditions contained in any other agreements which govern the services provided hereunder, the terms of this Agreement shall control.

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