



ACH DEBIT AUTHORIZATION FORM

Association: _____

Owner Name: _____

Other Owner Name(s): _____

Property Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

I (we) hereby authorize Fairway Management of Brevard, Inc., hereinafter referred to as "Management," to initiate debit entries to my (our) checking/savings account indicated below at the depository financial institution named below, hereinafter called "Depository," and to debit the same to such account for the purpose of collecting regular and special assessments for my homeowners association. I (we) understand that assessment amounts may change over time and that the amounts that are debited from my (our) account will match the regular or special assessment amount due. I (we) understand that this debit will occur on or about the 3rd day of each month in which assessment payments are due. I (we) understand that any costs that my (our) Depository may charge for ACH transactions will be my (our) responsibility. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

Depository Name: _____

Account Type: Checking Savings

Routing Number: _____

Account Number: _____

This authorization is to remain in full force and effect until Management has received written notification from me (or either of us) of its termination in such time, and in such manner, as to afford Management and Depository a reasonable opportunity to act on it. 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.

Depository Account

Owner Signature: _____ Date: _____

Other Depository Account

Owner Signature (s): _____ Date: _____

A VOIDED CHECK MUST BE ATTACHED/INCLUDED WITH THIS FORM. PLEASE RETURN THE COMPLETED FORM WITH VOIDED CHECK TO:

**Fairway Management of Brevard, Inc.
 1331 Bedford Drive Ste 103
 Melbourne, FL 32940
 Fax (321) 777-4646
 Email: accounting@fairwaymgmt.com**

*** Note:** ACH authorization must be received by the 20th day of the current month in order to be processed on the 3rd day of the following month. *

.....

Management Company Use Only:

Homeowner Account Number: _____

Date Entered: _____