

Mid-Florida Property Professionals Inc

Direct Debit Form

Preauthorized Electronic Assessment

Payment Services Authorization Card (please print)

The Manors @ Westridge Homeowners Association Inc

ASSOCIATION NAME

PROPERTY ADDRESS

NAME(S) LAST FIRST MI

NAME(S) LAST FIRST MI

MAILING ADDRESS

CITY STATE ZIP

DAYTIME PHONE NUMBER

I (we) hereby authorize **Mid-Florida Property Professionals Inc**, hereinafter referred to as MANAGER, as agent for the association named above to initiate debit entries to my (our) checking/savings account at the depository named below, hereinafter referred to as DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME

This authority is granted in accordance with the terms and conditions of the MANAGERS Preauthorized Electronic Assessment Payment Service Agreement & Disclosure Statement receipt of which I hereby acknowledge. This authority is to remain in full force and effect until MANAGER has received written notification from me (or either of us) of its termination in such manner as to afford MANAGER a reasonable opportunity to act on it.

SIGNATURE (REQUIRED) DATE

SIGNATURE (REQUIRED) DATE

ATTACH VOIDED CHECK WITH THIS AGREEMENT AND MAIL BOTH TO:

Mid-Florida Property Professionals Inc.
112 Polo Park East Blvd
Davenport FL, 34714

Authorization must be received by the **15th** day of the current month for processing to start the following month.

PLEASE RETAIN A COPY FOR YOUR RECORDS