



AUTHORIZATION AGREEMENT

FOR QUARTERLY AUTOMATIC ASSESSMENT PAYMENTS

RESIDENT INFORMATION

NAME _____ UNIT NUMBER _____

I (we) hereby authorize Florenxia at the Colony Condominium Association, Inc., hereinafter called FLORENCIA, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) _____ Checking _____ Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account for Florenxia quarterly assessments payments.

DEPOSITORY INFORMATION

NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO _____ ACCOUNT NO. _____

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

NAME(S) _____
(PLEASE PRINT)

DATE _____ AUTHORIZED SIGNER X _____

AUTHORIZED SIGNER X _____

******* PLEASE ATTACH A VOIDED CHECK BELOW*******