

# Authorization Form

Member#: \_\_\_\_\_

Association's Name: Herons Glen Fairways Homeowners' Association

Name On Account: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Name On Bank Account: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

I have included a blank voided check and hereby authorize my financial institution to debit my account in the name of Herons Glen Fairways Homeowners Association.

I authorize the Fairways HOA to debit my bank account for the balance due on the last business day of the month. In addition, I understand this auto debit will remain until I notify my association in writing 30 days prior to canceling the auto debit.

I also give the Fairways HOA the authority to change the auto debit as maintenance fees are changed by the Board in future years.

**Please indicate the quarter you wish to start deduction**

<b>Assessment:</b>
Month Start Date: _____
Assessment Frequency: <u>Quarterly</u>
Assessment Amount: _____

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please mail this form to: Administration Office Attn: Lynn Garcia  
2250 Herons Glen Blvd., N. Ft. Myers, FL 33917*

**Please attach a copy of a voided check to this form**