

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS

AUTOPAY/ DIRECT DEBIT

ASSOCIATION NAME: Lexington Estates HOA

I (We) hereby authorize Lexington Estates HOA., the "Association". Through its Managing Agent, to initiate debit entries to my (our) checking account indicated below and the bank named below, hereinafter called "BANK" to debit the same to such account.

NAME(S): _____

PROPERTY ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

ASSOCIATION ACCOUNT NUMBER: _____

SIGNATURE(S): _____

PLEASE NOTE THAT YOUR ACCOUNT MUST BE AT ZERO BALANCE TO SIGN UP FOR DIRECT DEBIT.

Please place a check mark in the box to the left of the payment listed below to indicate you would like to utilize direct debit:

**AMOUNT NOT TO EXCEED THE ASSOCIATION'S MONTHLY ASSESSMENT FEE, TO BE DEDUCTED AROUND THE 5TH OF EACH MONTH.

DATE SIGNED: _____

If you do not wish to provide us with a check marked void, please fill out the information **above and below** (you do not have to fill out the information **below** if you provide us with a check marked void.

BANK NAME: _____

CITY: _____ STATE: _____ ZIP: _____

BANK ROUTING NUMBER: _____

CHECKING ACCOUNT NUMBER: _____

This authority is to remain in full force and effect until the Association has received written notice from me (or either of us) of its termination in such manner as to afford BANK a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notification to the Association or BANK prior to charging account. After an account has been charged, a customer has the right to have the amount of an erroneous debit immediately credited to his/her account by BANK up to 15 days following issuance of statement or 45 days after costing, whichever occurs first.

PLEASE FORWARD THIS APPLICATION TO:

Superior Association Management

20283 State Road 7, Suite 219, Boca Raton, FL 33498

Phone: (561) 293-3612

Email: accounting@superiormgmt.net