## **SUMMER OAKS PAYMENT AUTHORIZATION FORM**

I (we) hereby authorize Summer Oaks Condominium Association, hereafter SOCA, to initiate debit entries to my (our) account indicated below, and to debit or credit the same such account. If this item is returned unpaid, I authorize an additional returned item fee of the maximum amount allowed by the state to be charged to this account.

Checking or Savings Ac	count						
Type of Account	☐ Checking ☐ Savings						
Depository Financial Institution Name							
Name on Account							
Billing Address							
Routing Number	Account N				er		
Payment Setup Information- Please choose only ONE option for payment. If selecting Item 3, please check both boxes in this area.							
1.) Open Balance, Not to Exceed Amount						\$	
2.)   Fixed Amount					Is Deposit	☐ Yes	□ No
3.)  Always Pay Current Balance Due  Resident understands they may not receive notification of the varying balance due							
Frequency	☐ One Time		☐ Daily	☐ Monthly Day (1-5):	☐ Weekly (M/T/W/Th/F/Sa/Su)	Semi- Monthly (1st & 15th o 15th & Last)	Yearly
Start Date					End Date / Number of Occurrences		
Authorization							
This authorization is to remain in full force and effect for the number of payments authorized above or until SOCA has received written notification from me (or us) of its termination, in such time and such manner as to afford SOCA a reasonable opportunity to act on it.							
Name						Unit #	
ID#						State	
Signature							
Date							
Revoke Authorization							
This authorization is no longer valid and should be terminated effective/							
Signature							
Date							
For Internal Use Only: Payment Enabled		Date:/	/	Initials			

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP

Initials

Payment Disabled