

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

**COMPANY NAME:** THE COLONY at WIGGINS BAY CONDO ASSN Inc

I (we) authorize \_\_\_\_\_The Colony at Wiggins Bay\_\_\_\_\_hereinafter called **FINANCIAL INSTITUTION**, to initiate debit or credit entries and adjustments for **Quarterly Maintenance Fees** to my checking or savings account (select one) indicated below, and the depository to debit and/or credit the same such account.

**DEPOSITORY NAME:** \_\_\_\_\_**BRANCH:** *(Your branch)*  
**CITY:** \_\_\_\_\_**STATE:** \_\_\_\_\_**ZIP:** \_\_\_\_\_

**TRANSIT/ABA NUMBER:** \_\_\_\_\_  
**ACCOUNT NUMBER:** \_\_\_\_\_

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

**NAME** \_\_\_\_\_  
*(Please Print)*

**NAME** \_\_\_\_\_  
*(Please Print)*

\_\_\_\_\_  
*(Signature)*  
*(Date)*

\_\_\_\_\_  
*(Signature)*  
*(Date)*

**(NOTE: ATTACH VOIDED CHECK)**