

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)