

**AUTHORIZATION AGREEMENT FOR
PREAUTHORIZED PAYMENTS**

Association Name: _____

Unit Address: _____

Homeowner Unit Number: _____

I/We authorize the above Association to charge my/out checking account at the financial institution indicated on my/our voided check for the payment of my/our quarterly association assessment on or about the 8th of the first month of each quarter.

I/We understand that these assessments may change periodically, and that such changes will be provided to Independent Community Bank by the above named Association.

**PLEASE ATTACH A VOIDED CHECK (WITH PREPRINTED NAME AND ADDRESS)
FROM THE CHECKING ACCOUNT THAT WILL BE CHARGED.**

**INDEPENDENT COMMUNITY BANK MUST RECEIVE THIS FORM BY THE 15TH DAY
OF THE MONTH FOR THE AUTOMATIC CHARGE TO BE IN EFFECT FOR
THE FOLLOWING MONTH.**

**INDEPENDENT COMMUNITY BANK WILL BE PERFORMING THE
ORIGINATION OF THESE CHARGES ON BEHALF OF THE ASSOCIATION.**

STAPLE VOIDED CHECK HERE

You will receive confirmation of start date via U.S. Mail. If you have any questions, you may call Independent Community Bank at (561) 746-1190 or Bristol Management Services, Inc. at (561) 575-3551.

Please mail this authorization to: **Bristol Management Services, Inc
1930 Commerce Lane Suite 1
Jupiter, Fl 33458-5559**

I/We represent and warrant to Independent Community Bank that the undersigned are all signers required to transact business on said deposit account and understand that electronic transactions on said account will be governed by the terms of my/our deposit account terms and disclosure. Independent Community Bank must receive written notification of my/our termination by the 15th day of the month in order to act upon such notification by the following month's payment.

First Name on Account (please print)

Signature

Date:

Second Name on Account (If applicable)

Signature

Date: