

Electronic Funds Transfer Authorization Form

I/we hereby authorize Center State Bank to initiate EFT debit entries (withdrawals) from my/our checking account for credit to the below-named account on the **5th day of each month in the amount of \$185.00**. This authority will remain in effect until I/we notify Center State Bank otherwise. I/we further agree that this amount may change as directed by the board of Estada Homeowners Assoc., and that I authorize Center State Bank to make whatever changes are necessary to the amount of the EFT debit entry.

Name of Your Bank: _____

The account number to be debited: # _____

You Bank's Routing/Transit Number: _____
(9-digit number found on lower left side of check)

UNIT # (VERY IMPORTANT!): _____
(This is the number appearing on your payment coupon.)

The name of the account to be credited is **Estada Homeowners Assn. Inc.**

Account Owner Signature: _____

Account Owner Name: _____

Phone Number: _____

Email Address: _____

(Date When First Payment is to be debited from account.)

Date this form was signed: _____

PLEASE INCLUDE A VOIDED CHECK!!!

Send to: OXYGEN ASSOCIATION SERVICES, LLC
1489 W. Palmetto Park Road, #505
Boca Raton, FL 33486