

## CREDIT / DEBIT AUTHORIZATION FORM

I / We hereby authorize **Rivendell Community Association** to initiate entries for payment of my semi-annual maintenance fees to my checking / savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions debited / credited in error.

I WOULD LIKE MY AUTOMATIC DEBIT TO START IN \_\_\_\_\_(MONTH)\_\_\_\_\_(YEAR)

Name \_\_\_\_\_ Acct # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Financial Institution \_\_\_\_\_ Phone \_\_\_\_\_

Financial Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK FROM YOUR DESIGNATED ACCOUNT.**

This authorization will remain in effect until Rivendell Community Association is notified by me / us in writing to cancel it in such time as to afford Rivendell Community Association, and Union Bank a reasonable opportunity to act on it.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Mail completed form to:

Rivendell Community Association  
c/o Lighthouse Management  
460 N. Tamiami Trail  
Osprey, FL 34229

Question (941) 460-5560 ext 111

\*\*\* THIS FORM MUST BE RECEIVED IN OUR OFFICE BY THE 20<sup>TH</sup> OF THE MONTH PRIOR TO YOUR FIRST ASSESSMENT\*\*\*