



Seacrest Services Inc.

Authorization Form for Auto - Debit of Maintenance Fees

Association Name: _____

Name on Account: _____

Property Address: _____

Association/Maintenance Account Number: _____

Start Date: _____ / _____ Type of bank account: Checking / Savings
Month / Year Circle one

Home Phone: _____ Daytime Phone: _____

I have included a **Blank Voided Check** (Must be a bank located within the United States) and hereby authorize my financial institution to debit my account in the name of my homeowners association. I understand this debit will appear on my bank statement between the 1st and 5th day of each month (if monthly assessment) or the 1st and 5th day of the first month of the quarter (if quarterly assessment). In addition, I understand this auto debit will remain until I notify my association in writing 30 days prior to canceling the auto debit. I also give the association authority to increase the auto debit as the Board of Directors increases maintenance fees.

Signature: _____ Date: _____

Please return completed form (with voided blank check) to:

Seacrest Services, Inc. – Auto Debit
2101 Centrepark W Dr #110
West Palm Beach, FL 33409

-OR-

Fax to:
561-721-9110

If you have any questions, please call (561) 697-4990 for assistance.

*****PLEASE ATTACH VOIDED CHECK HERE*****