

Authorization Form

I (we) hereby authorize **Key West Golf Club HOA** to initiate a CHARGE entry to my (our) checking/savings account at the *Financial Institution* indicated below on the first business day of each month. This authority will remain in effect until **Key West Golf Club HOA** is notified by me (us) in writing to cancel it in such time as to afford **Key West Golf Club HOA** and Financial Institution a reasonable opportunity to act on it.

Name of Financial Institution Location (City, State)

Financial Institutions Routing/Transit Number: _____
(Look between symbols /: /: on your check.)

Checking Account Number: _____

OR

Savings Account Number: _____

*******For the balance on my account each month*******

Account/Unit Address _____

Signature

Date

Name (Please Print)

Key West Golf Club Address (Please Print)

Please Attach a Copy of a Canceled Check.