



Automatic Debit Authorization for Homeowner's Association Dues Payments

Association Name Tradition Community Association

(Resident/ Owner Name) (Unit ID/ Account Number)

(Property - Address, City, State, Zip)

Frequency (Monthly/ Quarterly) (Start Date)

(Financial Institution Name)

(Routing & Transit Number) (Checking Account Number)

By signing below you give authorization to debit the account noted above for the periodic dues payments as per your agreement with the above named Association. This authority is to remain in full force and effect until written notification is received from the recipient of its termination in such a time and manner as to afford reasonable time to act upon it.

(Owner Signature) (Date)

(Printed Name) (Daytime Telephone Number)

Please be sure to include your e-mail address above if you would like to receive confirmation of your enrollment.

Please attach a voided check or financial institution account verification letter

and mail to : **Tradition Community Assoc.**
c/o Fishkind & Associates
12051 Corporate Blvd
Orlando, FL 32817

or email to:
LisaM@Fishkind.com