



PALM BAY ESTATES

A RESIDENT OWNED
WATERFRONT COMMUNITY

DIRECT PAYMENT AUTHORIZATION for SUNRISE BANK

I (WE) HEREBY AUTHORIZE PALM BAY ESTATES HEREINAFTER CALLED "COMPANY", TO INITIATE DEBIT ENTIRES, AND IF NECESSARY, DEBIT CORRECTION AND ADJUSTMENT ENTRIES TO MY (OUR) ACCOUNT AT THE FINANCIAL INSTITUTION LISTED BELOW.

BANK NAME _____ BRANCH _____

BANK ADDRESS _____

CITY/STATE _____

ROUTING/TRANSIT NUMBER _____

ACCOUNT NUMBER _____

MONTHLY PAYMENT AMOUNT \$ _____

PAYMENT DATE THE 4TH DAY OF EACH MONTH (or the closest business day to that date)

LOT # _____

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL "COMPANY" HAS RECEIVED WRITTEN NOTIFICATION FROM THE RECIPIENT OF ITS TERMINATION IS SUCH TIME AND MANNER AS TO AFFORD "COMPANY" A REASONABLE TIME TO ACT UPON IT.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

(PLEASE ATTACH A VOIDED CHECK OR FINANCIAL INSTITUTION ACCOUNT VERIFICATION LETTER TO THIS FORM)

PLEASE RETURN TO SUNRISE BANK:

Palm Bay Estates
PO Box 347
Cape Canaveral, FL 32920-0347