

**AUTHORIZATION AGREEMENT FOR
PRE AUTHORIZED PAYMENTS**

PLEASE MAIL THIS FORM TO:

The Village of Kings Creek
7711 Camino Real
Miami, Florida 33143

TELEPHONE NUMBER:
305 279-3411

E-MAIL ADDRESS:
cs2@vkciami.com

HOMEOWNER'S NAME:

ASSOCIATION: The Village of Kings Creek Condominium

ACCOUNT NUMBER:

PROPERTY ADDRESS: _____ Camino Real _____, Miami, FL-33143

I (we) hereby authorize **THE VILLAGE OF KINGS CREEK CONDOMINIUM** herein after called the Association, to initialize entries to my (our) checking account indicated below at the Depository, to debit the same to such account.

HOMEOWNER 'S BANK INFORMATION:

NAME OF THE BANK: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

Amount to be deducted: \$ _____ () Monthly () Quarterly

Due Date: 1st of Each Month

This authorization is to remain in full force and effect until the Association has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Association and Executive National Bank a reasonable opportunity to act on it.

Signature of Owner

Date Signed

Signature of Owner

Date Signed

Please provide the Association with a copy of a voided or canceled check to verify bank information.

Form must be received in our office by the 15th day of the prior month in which this agreement will become effective.