



**Automatic Debit Authorization for
Association Dues Payments**

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

(Owner Address, City, State, Zip)

(Association Name)

(Financial Institution Name)

(Routing & Transit Number) *(Account Number)*

Account Type: (circle one) Checking or Savings

By signing below you give authorization for Gulfstream Business Bank 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 "Bank" has received written notification from the recipient of its termination in such a time and manner as to afford "Bank" a reasonable time to act upon it.

(Owner Signature) *(Date)*

(Printed Name) *(Daytime Telephone Number)*

**Please attach a voided check or financial institution
account verification letter to this form and mail to:
Gulfstream Business Bank
Attn: Cash Management
2400 SE Monterey Rd
Stuart, FL 34996**

