

**Versailles Condominium Association
DEBIT AUTHORIZATION FORM**

I (we) hereby authorize VERSAILLES CONDOMINIUM ASSOCIATION (CONDO) to initiate debit entries for regular monthly condo fees to my (our) checking/savings account at the financial institution listed below (FINANCIAL INSTITUTION), and, if necessary, initiate credit adjustments for any transactions debited in error. Any special assessment(s) will require separate authorization. Any increase in fee greater than 5% per year will require a new authorization. Otherwise, this authority will remain in effect until the CONDO is notified by me (us) in writing to cancel such authorization in such time as to afford the CONDO and the FINANCIAL INSTITUTION a reasonable opportunity to act.

_____ Current Monthly Amount: \$_____
(NAME OF FINANCIAL INSTITUTION)

(ADDRESS OF FINANCIAL INSTITUTION - Branch, City, State & Zip)

_____ (SIGNATURE) _____ (DATE)

_____ Unit #_____
(PRINTED NAME)

(PRINTED STREET ADDRESS)

(PRINTED EMAIL ADDRESS (for an email reminder that the monthly debit is scheduled))

FINANCIAL INSTITUTION ROUTING NUMBER(9 digits)*: _____

CHECKING/SAVINGS ACCOUNT NUMBER: _____

(***PREFERRED: attach a voided check** for the account to be used to make Condo Fee payments.
NOTE: Because deposit slips are internal and not processed by the Clearing House, some banks use alternate routing numbers. Use the check or the check numbers, not the deposit slip.)