



# ELECTRONIC DEBITING AUTHORIZATION FORM

Name		
Address		
City	State	Zip
Homeowners Association	<b>TAVIAWK HOMEOWNERS ASSN</b>	Lot #
Telephone #		

Bank Name
Account Number
Routing Number

Checking Account       Savings Account

I authorize TAVIAWK Homeowners Association through F1 Property Management, LLC to debit my account indicated above on a semi-annual basis for Association dues. If there is a change in the monthly assessment amount, F1 Property Management, LLC is authorized to debit the new amount.

This authorization form will cause the automatic debit to begin and will continue each month until this authorization is revoked in writing. To cancel this authorization, I will notify F1 Property Management, LLC in writing at least 15 days before the beginning of the next month.

I understand that any one event of non-sufficient funds at the time of the electronic debit will cause this program to cease immediately and the appropriate late fees will apply.

Print Name of Account Holder
Signature of Account Holder
Date

**ATTACH A VOIDED CHECK FROM THE ACCOUNT TO BE DEBITED**