

COMMUNITY SERVICE FEE AUTO DEBIT AUTHORIZATION

ASSOCIATION NAME: Indigo East Neighborhood Association, Inc.

NAME(S) ON DEED: _____

PROPERTY ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE: _____

COMMUNITY SERVICE FEE ACCOUNT NUMBER: _____

MONTH DEBIT TO BEGIN: _____

CURRENT FEE AMOUNT: \$ _____

NAME OF BANK: _____

NAME(S) ON BANK ACCOUNT: _____

ACCOUNT TO BE DEBITED: _____ CHECKING _____ SAVINGS (please check one)

(For checking accounts, attach a voided check or a copy of your bank notification letter which includes your account number. For savings accounts, attach a voided check (deposit slip is not acceptable.)

I have included my bank account information and hereby authorize my financial institution to debit my account for payment of my community service fees (CSF) due to my Homeowners Association. The auto debit will appear on my bank statement between the 5th and the 10th working day of each month under the description of "Management Enter Debits" and may be followed by your CSF account number, as an example, "IE-001 0116 01". I understand this auto debit will remain in place until I notify my Homeowners Association in writing 30 days prior of new checking or savings account information in which to debit. I also give the Association authority to increase/decrease the auto debit as the Board of Directors increases/decreases community service fees.

SIGNATURE: _____

(Only one signature required)

DATE: _____

PLEASE RETURN COMPLETED FORM

If by U.S. Mail to:

Management Enterprises, Inc.
P O Box 771029
Ocala, FL 34477-1029

If in person to:

Customer Service Department
9850 SW 84th Court, Suite 200, or
Accounting Building, Attn: Yvette
8445 SW 80th Street

Please contact Management Enterprises, Inc. at 352-873-6046 if you require assistance in completing this form.