

COMMUNITY SERVICE FEE AUTO DEBIT AUTHORIZATION

ASSOCIATION NAME: Indigo East Neighborhood Association, Inc.

NAME(S) ON DEED: _____

PROPERTY ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

MANAGEMENT ENTERPRISES, INC. ACCOUNT NUMBER: _____

MONTH AUTO DEBIT TO BEGIN: _____

CURRENT TOTAL ASSOCIATION ASSESSMENTS : \$ _____ *

ADD ON RV-STORAGE RENTAL? YES NO TOTAL RV-STORAGE RENT \$ _____ **

TOTAL CURRENT ACH DEBIT AUTHORIZATION \$ _____

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 Enterprises" and may be followed by your CSF account number, as an example, "IE-000 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. In the event any auto debit transaction is rejected for non-sufficient funds, ("NSF"), my Homeowners Association is authorized, at its discretion, to process the charge again and I agree to an additional \$25.00 for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of auto debit transactions for my account must comply with applicable Federal and State laws. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE: _____
(Only one signature required)

DATE: _____

PLEASE RETURN COMPLETED FORM

If by U.S. Mail to:
Indigo East NA, Inc.
P O Box 771029
Ocala, FL 34477-1029

If in person to:
Resident Services Department
9850 SW 84th Court, Suite 500, or
Accounting Building,
Attn: Yvette
8445 SW 80th Street

Please contact Yvette Dueno, at 352-873-6046 if you require assistance in completing this form

* Association assessments may increase/decrease annually on **January 1st** based upon the budget adopted by the Board of Directors for the association each year.

**RV-STORAGE Rental Rates are subject to change without notice. Owner, by signing this form understands this rental amount is included in their monthly Association Assessment ACH, per their request, and as a matter of convenience. This amount may be cancelled by notifying Resident Services or Management Enterprises and completing a new ACH form to acknowledge the change.