Breakers Pointe Homeowner's Association, Inc. Authorization for Direct Debit

Save time and postage next month and every month. Just complete this form, sign it, and send it with your next payment. Be sure to include a voided check to ensure accuracy in setting up your account. Beginning in the month you designate below; your quarterly maintenance fees will be **automatically deducted** from your checking or savings account **on the 5th of the month that they are due**.

☐ NEW DIRECT DEBIT		
☐ CHANGE OF DIRECT DEBIT		
☐ STOP DIRECT DEBIT (Please select one)		(Please select one)
YOUR NAME:		
ASSOCIATION:		
UNIT #:		
NAME OF BANK:		
LOCATION:		
() CHECKING	() SAVINGS
ACCOUNT #:		
SIGNATURE:		
BEGIN ON:		
ATTACHED VOIDED CHECK HERE		
Please return form to: Wilson Landsca		ve. Suite 270
Email to: Fax to:	Delray Beach, F info@wilsonmar (561)637-3407	