

Kings Point – Saxony L

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 monthly 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)

YOUR NAME: _____

ASSOCIATION: _____

UNIT #: _____

NAME OF BANK: _____

LOCATION: _____

() CHECKING () SAVINGS

ACCOUNT #: _____

SIGNATURE: _____

BEGIN ON: _____

ATTACH VOIDED CHECK HERE

PLEASE RETURN FORM TO:

WILSON MANAGEMENT
1300 NW 17TH AVE. SUITE 270
DELRAY BEACH, FL 33445

OR

(561)637-3407 FAX

OR

tammy@wilsonmanagement.net