

Kings Point – Capri L

Authorization for Direct Debit

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- NEW DIRECT DEBIT
- CHANGE OF DIRECT DEBIT
- STOP DIRECT DEBIT
- } (Please select one)

YOUR NAME: _____

ASSOCIATION: _____

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NAME OF BANK: _____

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() CHECKING () SAVINGS

ACCOUNT #: _____

SIGNATURE: _____

BEGIN ON: _____

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OR

FAX: (51)637-3407

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EMAIL: tammy@wilsonmanagement.net