## Capri A 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 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	ΓD	EBIT			
	CHANGE OF DIRECT DEBIT					
	STOP DIRECT DEBIT				(Ple	ease select one)
YO	UR NAME:					
ASS	OCIATION:	-				
UNI	T #:	-				
NA	me of bank:	-				
LOC	CATION:					
		(	) CHECKING		(	) SAVINGS
AC	COUNT #:	-				
SIG	NATURE:	_				
BEC	SIN ON:	_				

ATTACH VOIDED CHECK HERE

**RETURN FORM VIA US MAIL TO:** 

WILSON LANDSCAPING & MANAGEMENT CORP. 1300 NW 17<sup>TH</sup> AVE. SUITE 270 DELRAY BEACH, FL 33445 OR

FAX TO: (561)637-3407

OR

EMAIL TO: tammy@wilsonmanagement.net