AUTODRAFT AUTHORIZATION FORM

Fill out this form and include a voided check. You may mail, email or fax <u>both</u> items:

Must be received by the 25th of the month prior to starting date.

Mail to: Surfside Realty Company c/o Debbie Adams 213 S. Ocean Blvd., Surfside Beach, SC 29575

Email to: <u>DeborahA@SurfsideRealty.com</u>

Fax to: 843-238-5036

AUTHORIZATIO	N AGREEMENT FOR P	RE-ARRANGED PAYME	ENTS (DEBITS)
	SURFSIDE REALTY	Y COMPANY, INC.	,
HOMEOWNERS ASSOCIATION NAME: I (we) hereby authorize SURFSIDE REALTY	Huntington Lake Villas Own	ners Association, Inc.	UNIT#:
I (we) hereby authorize SURFSIDE REALTY account indicated below and the BANK, to de	COMPANY, INC., hereinafter ca ebit the same to such account.	Iled COMPANY, to initiate debit.e.	ntries to my (our) Checking Savings
BANK:	and the same of th		•
CITY:	(A)	The state of the s	
PX TRANSIT/ABA NO:		ACCOUNT NO:	
This authority is to remain in full force and ef such manner to afford the BANK a reasonable to charging account. If an erroneous debit en entry credited to such account by BANK, if we notice pertaining to such entry or 60 days after stating that such entry was in error and request.	fect until BANK has recieved writted opportunity to act on it. A custom try is initiated by COMPANY to a thin fifteen calendar days following posting which ever occurs first, to the content of the cont	tten notification from me (or either ner has the right to stop payment of customer's account, customer shall g the date on which BANK sent to on the customer shall have sent to BA	a debit entry by notification to BANK prior il have the right to have the amount of such customer a statement of account or a written
NAME(S):		MONTH	I DRAFT TO BEGIN: 11/01/2022
DATE: S	IGNED:	SIGNED:	