



Seacrest Services Inc.

Authorization Form for Direct Debit of Maintenance Fees

Association Name: _____

Name on Account: _____

Property Address: _____

Association/Maintenance Account Number: _____

Start Date: _____ / _____ Type of bank account: Checking / Savings
Month / Year Circle one

Home Phone: _____ Daytime Phone: _____

I have included a **Blank Voided Check** (Must be a bank located within the United States) and hereby authorize my financial institution to debit my account in the name of my homeowners association. I understand this debit will appear on my bank statement between the 5th and 10th day of each month (if monthly assessment) or the 5th and 10th day of the first month of the quarter (if quarterly assessment). In addition, I understand this auto debit will remain until I notify my association in writing 30 days prior to canceling the auto debit. I also give the association authority to increase the auto debit as the Board of Directors increases maintenance fees.

Signature: _____ Date: _____

Please return completed form (with voided blank check) to:
Seacrest Services, Inc. – Auto Debit
2400 Centrepark W Dr #175
West Palm Beach, FL 33409

If you have any questions, please call us at (561) 697- 4990 for assistance. Thank you.

(Server: apps/Accounting Dept List/EFT Debit Authorization Form)

*****PLEASE ATTACH VOIDED CHECK HERE*****