

**Summerfield Community Association, Inc.**  
**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM**

*I/we hereby authorize Southstate Bank to initiate EFT debit entries (withdrawals) from my/our checking account for credit to the below-named account on or about the 1st day of the **quarter** in the amount of \$\_\_\_\_\_. This authority will remain in effect until I/we notify Advantage Property Mgt. otherwise. I/we understand the amount of the debit may change on an annual basis according to the requirements of the Association. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of US. Law.*

**Please be sure to enclose a "voided" check when submitting this form.**

Please Check One: New Authorization \_\_\_\_\_ Bank Change Only \_\_\_\_\_

The account number to be debited: # \_\_\_\_\_

Your Bank's Routing/Transit Number: \_\_\_\_\_  
(9-digit number found on lower left side of check)

The name of the account to be credited is: Summerfield Community Association, Inc.

Account Owner's Signature(s): \_\_\_\_\_  
\_\_\_\_\_

Account Owner's Name(s): \_\_\_\_\_  
(Please print)  
\_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Month when first payment is to be debited from account: \_\_\_\_\_ \*\*\*

Date this form was signed: \_\_\_\_\_

Send To:        Advantage Property Management  
                  1111 SE Federal Highway, Suite 100  
                  Stuart, FL 34994  
                  (772) 334-8900 Fax (772) 288-0175

\*\*\*PLEASE NOTE: Authorization must be received by the 20th of the month for processing to BEGIN for the following month. Authorization must be received by the 20th of the month for processing to be CANCELLED for the following month.