

Enumerate Financials Services

3363 W Commercial Blvd. #105 Ft. Lauderdale, FL 33309

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Authorization Agreement for Preauthorized Payments

(Please print information clearly, then email, mail or fax form and voided check to address above)

Completed form must be received by the 25th of the month to be effective for the next debit month

Unit Owner Name: _____

Phone: _____ Email: _____ Unit #: _____

Property Address: _____

I (we) hereby authorize **Promenade at Boca Pointe**, and/or their assigns, hereinafter called the ASSOCIATION, to initialize entries to my (our) account indicated below at the DEPOSITORY, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This will include all future amount changes by the Association.

Bank Name: _____

Routing or ABA Number: _____

Checking Account Number: _____

Effective (Start) Date: _____

This authorization is to remain in full force and effect until the Association has received written notification from me (or either of us) of its termination in such time and in such a manner as to afford the Association and/or its assigns, and financial institution(s), a reasonable opportunity to act on it.

CHECK ALL APPLICABLE BOXES			
Which Association (s) to Apply:		Payments to be deducted:	
Promenade HOA:		HOA Maintenance:	
Promenade III:	X	Promenade 3 Maintenance:	
		Special Assessment – Roof x4405:	
		Special Assessment – Elevator x2021:	

Signature of Homeowner

Date

PLEASE NOTE: A VOIDED CHECK MUST BE PROVIDED WITH THIS AUTHORIZATION FORM IN ORDER TO VERIFY BANK INFORMATION. FUNDS WILL BE DEDUCTED BASED ON THE ASSOCIATION SCHEDULE (MONTHLY OR QUARTERLY) BY THE 3RD DAY OF THE MONTH DUE. RETURNED OR REJECTED ACH'S ARE SUBJECT TO RETURNED ACH FEES AS WELL AS APPLICABLE ASSOCIATION LATE FEES.