

ACH Authorization

Port Carlos Cove Monthly Maintenance Payment

PCC Address: _____

Please complete this form and drop off at the office or mail it to:

Port Carlos Cove
1802 Main Street
Fort Myers Beach, FL 33931

or email to: portcarloscove@yahoo.com and then mail the original signed form to the office.

I (we) hereby authorize **First Horizon** herein called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) ☐ CHECKING ☐ SAVINGS account indicated below and the depository named below, herein called DEPOSITORY, to debit and/or credit the same to such account.

| | | | |
|---|--------|------------|--|
| Your Bank Name: | | Branch: | |
| City: | State: | Zip: | |
| Your Bank Routing or ABA Number (usually 9 digits) | | | |
| Your Bank Account Number: | | | |
| Amount of debit(s) [dollar amounts authorized]: (Example \$200.00) <div style="text-align: right;">\$ _____</div> | | | |
| Beginning Date and frequency of debit(s): (Example: 1st of the month beginning in May and then every month) _____ | | | |
| This authorization is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY BANK a reasonable opportunity to act on it. | | | |
| Name: | | Name: | |
| Date: | | Date: | |
| Signature: | | Signature: | |

If the bank account has two names on it, both names and signatures must appear on the form.

