



PAYMENT AUTHORIZATION for SUNRISE BANK

I (WE) HEREBY AUTHORIZE VILLAGE SQUARE of TITUSVILLE CONDOMINIUM ASSOCIATION, INC., HEREINAFTER CALLED "COMPANY", TO INITIATE DEBIT ENTRIES, AND IF NECESSARY, DEBIT CORRECTION AND ADJUSTMENT ENTRIES TO MY (OUR) ACCOUNT AT THE FINANCIAL INSTITUTION LISTED BELOW.

BANK NAME _____ CITY _____

ROUTING/TRANSIT NUMBER _____

ACCOUNT NUMBER _____

PAYMENT DATE: THE 4th DAY OF EACH MONTH
(or the closest business day to that date)

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL "COMPANY" HAS RECEIVED WRITTEN NOTIFICATION FROM THE RECIPIENT OF ITS TERMINATION IN SUCH TIME AND MANNER AS TO AFFORD "COMPANY" A REASONABLE TIME TO ACT UPON IT.

SIGNATURE: _____

UNIT # / ACCOUNT # (as noted in your coupon book-3 digits) _____

PRINTED NAME: _____

DATE: _____

(PLEASE ATTACH A VOIDED CHECK OR FINANCIAL INSTITUTION ACCOUNT VERIFICATION LETTER TO THIS FORM)

MAIL COMPLETED FORM & VOIDED CHECK TO:
SUNRISE BANK
ATTN: LIZBETH MANDEVILLE (CONTACT # 321-328-2211)
PO BOX 347
CAPE CANAVERAL, FL 32920-0347
321-784-8333