

**AGREEMENT FOR PRE-AUTHORIZED PAYMENTS
CORAL BAY II AT BRIDGEWATER BAY**

Account number _____
(Leave blank-Office Use Only)

I hereby authorize **Coral Bay II at Bridgewater Bay** and American Property Management Services, LLC to initiate debit entries in the amount of my quarterly assessments and any subsequent special assessments from my account indicated below. I also authorize the Financial Institution named below to debit the same such account.

Financial Institution Name _____ **Branch** _____

City _____ **State** _____ **Zip** _____

Transit/ABA No. _____ **Account No.** _____

This authority is to remain in full force and effect until the Community and Financial Institution have received written notification from me of its termination in such time and manner as to afford the Community and the Financial Institution a reasonable opportunity to act upon the request. I further understand that payments will be deducted from my account between the first and tenth of each month in which the assessment is due, and should my payment be returned for any reason, I understand that I can be terminated from the program and I will be charged a \$25 administrative fee. A **VOIDED US FUNDS CHECK** (NOT DEPOSIT SLIP) **MUST** BE ATTACHED. Incomplete can not be processed and will be returned.

Name(s) _____

Address _____ **Phone** _____

Mailing address (if different) _____

Date _____ **Signed** _____

PLEASE RETURN TO:

**AMERICAN PROPERTY MANAGEMENT SERVICES, LLC
8825 TAMIAMI TRAIL EAST NAPLES, FL 34113**