

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

Account number \_\_\_\_\_  
(Leave blank-Office Use Only)

I hereby authorize **Coral Bay I 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**