

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS  
FOR ASSOCIATION QUARTERLY ASSESSMENTS**

KEB Management Services  
6017 Pine Ridge Road #262  
Naples, FL 34119  
PH: 239-262-1396 / Fax 239-262-5947

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I (we) hereby authorize KEB MANAGEMENT SERVICES to initiate debit entries from my checking or savings account (select one) indicated below, the first week of each quarter (Jan., Apr., Jul., Oct.) in accordance with the approved Association budget and the depository to debit and/or credit the same such account.

BANK NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ROUTING/ABA NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY and DEPOSITORY 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 a reasonable opportunity to act on it.

NAME \_\_\_\_\_  
*(Please Print)*

NAME \_\_\_\_\_  
*(Please Print)*

\_\_\_\_\_  
*(Signature)* \_\_\_\_\_ *(Date)*

\_\_\_\_\_  
*(Signature)* \_\_\_\_\_ *(Date)*

Association: \_\_\_\_\_

Address & Unit Number: \_\_\_\_\_