

Auto Debit Authorization Form

Member#: _____

District's Name: Herons Glen Recreation District

Name On Account: _____

Property Address: _____

Mailing Address: _____

Name of Bank: _____

Name On Bank Account: _____

Home Phone: _____

Daytime Phone: _____

I have included a blank voided check and hereby authorize my financial institution to debit my account in the name of the Herons Glen Recreation District.

I authorize The District to debit my bank account for the balance due on the last business day of the month.

In addition, I understand this auto debit will remain until I notify my association in writing 30 days prior to canceling the auto debit.

I also give the District authority to change the auto debit as maintenance fees are changed by the Board of Supervisors, in future years.

Please indicate the month to start automatic withdrawal

Quarterly Assessment: _____	Monthly House Account: _____
Month Start Date: _____	Month Start Date: _____
Assessment Frequency: Quarterly	Statement Frequency: Monthly
Assessment Amount: _____	Statement Amount: VARIOUS

Annual Golf Membership Dues _____
Month Start Date: _____
Frequency: Annually
To be debited on September 30th 20XX

Signature: _____

Date: _____

Please mail this form to: Administration Office Attn: Lynn Garcia

2250 Herons Glen Blvd., N. Ft. Myers, FL 33917

Please attach a voided check to this form