

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize **Bayside at Sandestin Condominium Association, Inc.** (THE COMPANY) to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State & Zip)

(Signature) (Date)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

Set Amount: _____ Maximum Amount:

Checking/Savings Account Number: _____

Financial Institution Routing Number: _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM BEFORE TURNING IN.