

ACH – Direct Debit Form
requires a voided check

Resident/Owner Name

Account Number (on Statement)

Owner Address, City, State, Zip

Start Date

Financial Institution Name

Routing & Transit Number

Checking Account Number

By signing below you give authorization for CenterState Bank to debit the account noted above for the quarterly dues payments as per your agreement with the above named Association. This authority is to remain in full force and effect until "Bank" has received written notification from the recipient of its termination in such a time and manner as to afford "Bank" a reasonable time to act upon it.

(Owner Signature)

(Date)

(Printed Name)

(Daytime Telephone)

Please attach **a voided check** and mail to :
Nexus Community Management, Inc.
1809 E. Broadway St., Suite 408
Oviedo, FL 32765

e-mail – drew@nexuscommunitymanagement.com