

Oakbrook

Property Owners Association Inc.

ACH DEPOSIT AUTHORIZATION

I authorize OAKBROOK PROPERTY OWNERS ASSOC., INC. to initiate debit entries from my checking account and credit the Association's operating account in the amount of the monthly common area assessment due for my unit each month. It is my understanding that all debits will be processed no later than the 5th of each month. If this day should fall on a holiday or weekend, it will be processed on the next business day. All items that are returned from the bank for insufficient funds will be charged an additional \$35 fee per return.

OAKBROOK ADDRESS: _____

OWNER NAME: _____

NAME OF BANK: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

AUTHORIZING SIGNATURE

Please attach a VOID check to this form and return to:

Oakbrook Property Owners Assoc., Inc.
205 Waler Way, Suite 5
St. Augustine, FL 32086