



<b>Office Use Only:</b>
Today's Date: _____
Total Membership Dues: _____
25% Down Payment: _____
Remaining Balance: _____
Amount of Monthly Withdrawal: _____

## OCEAN PINES ASSOCIATION, INC. AUTHORIZATION AGREEMENT

I hereby authorize Ocean Pines Association, Inc. to initiate (11) electronic debit entries from my checking or statement savings account listed below. The purpose of this debit shall be to make payments on my Yearly Swim, Tennis, or Golf Membership fees. This agreement also stands as an authorization for my bank to debit my account each month. 25% of the total membership dues are required up front.

Applications received during the month, the automatic withdrawal will be made the 15<sup>th</sup> of the following month (for example: if you sign up in April, your automatic withdrawal will begin the 15<sup>th</sup> of May). The balance must be paid in full if you decide to cancel the automatic withdrawal. We must be notified (a minimum) 3 business days prior to your next scheduled payment.

*Please be advised that your account will be sent to collections should you stop payment or close your account.*

Start Date \_\_\_\_\_ (mm/dd/yy)

\_\_\_\_\_  
Lot/Section Number

\_\_\_\_\_  
Property Owner Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Property Owner Signature

Bank account holder's signature and either a voided check (if withdrawal from checking account) or deposit slip (if withdrawal from savings account) is required.

\_\_\_\_\_  
Bank Acct. Holder Name (print)

\_\_\_\_\_  
Bank Acct. Holder Signature      Date

### Office Use Only

Name of Financial Institution _____	
Account Type: _____ Checking	_____ Statement Savings
Bank Routing No. _____	Bank Acct. No. _____
If withdrawal is to be from a credit union, enter your Account Number and credit union ABA Number (these numbers may be different than those on the front of your deposit slip).	
Credit Union Acct. No. _____	ABA No. _____