



Direct Debit to Bank Account Authorization Form

Date: _____ / _____ / _____
Month Day Year

Apartment Number: _____

Name: _____

I authorize Plaza del Mar Administration to debit my bank account based on the information provided below:

Debit Amount: \$_____. I accept this amount to be adjusted in the needed amount in case of an approved increase of maintenance fees.

Frequency (**select only one alternative**)

<input type="checkbox"/> Only once to cover the particular event of: _____ _____
<input type="checkbox"/> Monthly on the 1 st day of each month (charge will be made between the 1 st and 4 th of the month depending on whether there are holidays and/or date is a weekend)
<input type="checkbox"/> Monthly on the 7 th of each month (charge will be made between the 7 th and 10 th of the month depending on whether there are holidays and/or date is a weekend)
<input type="checkbox"/> Monthly on the 15 th of each month (charge will be made between the 15 th and 18 th of the depending on whether there are holidays and/or date is a weekend)

Name of my Bank: _____

Routing Number: _____

Account Number: _____

information. (2) There will be a \$30.00 fee for debits that cannot be processed due to insufficient funds. (3) I must notify in writing to the management office if I wish to suspend the authorized debit before the authorized date. (4) I must hand a voided check.

Signature: _____

