



AUTHORIZATION AGREEMENT FOR ACH DIRECT PAYMENTS

I (we) hereby authorize Terra Verde Resort Masters/Manors/Villas Association Inc., hereinafter called "Company," to initiate debit entries to my (our) Checking Account or Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called "Depository," and to debit the same to such account for the purpose of collecting assessments for my community association. I (we) understand that this debit will occur on or about the 1st of January, April, July and October annually. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

Depository (Bank) Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number (9 digits): _____ Account Number: _____

This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time, and in such manner, as to afford Company and Depository a reasonable opportunity to act on it.

Terra Verde Address: _____

Name(s): _____
(Please print) (Please print)

Signature(s): _____

Date: _____

PLEASE RETURN YOUR TWO COMPLETED FORMS VIA EMAIL TO
AM.OFF@TERRAVERDERESORT.NET OR USPS MAIL TO

TERRA VERDE RESORT HOA
109 MADIERA BEACH BLVD
KISSIMMEE, FLORIDA 34746

WWW.TERRAVERDERESORT.NET
GM@TERRAVERDERESORT.NET

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