

**Banyan Bay Authorization Form
For Auto Withdrawal of Electronic Funds Transfer**

I/We hereby authorize the BANYAN BAY STUART H.O.A., to initiate debit entries (withdrawals) from my/our checking/savings account for credit to the below-named account on or about the first day of each month in the amount due for monthly assessments. This authority will remain in effect until I/We notify BANYAN BAY STUART H.O.A., otherwise in writing. I/We understand the amount of the debit for annual maintenance may change each year according to the requirements of BANYAN BAY STUART H.O.A.

I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U. S. Law.

Name of your Bank _____

The Account number to debited _____

Your bank's routing/transit number _____

Your building/Unit number _____

Association Name to be credited: Banyan Bay Stuart H.O.A.

Account Owner's Signature(s) REQUIRED:

Account Owner's Name: _____
(Please print)

(Please print)

Date first payment to be debited from your account _____

PLEASE RETURN THIS FORM WITH A VOIDED CHECK TO: McHale Property Management, LLC. P.O. Box 1699 Jensen Beach, Fl. 34958