

AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

Mail Completed Form To: Collier Financial, 4985 Tamiami Trail East, Naples, FL 34113

Account Number _____ (Leave Blank-Office Use Only)

Community Name: Vanderbilt Community Services Association, Inc.

I hereby authorize VCSA ("Community") and Collier Financial, to initiate debit entries in the amount of my semiannual Association assessment from my account indicated below. I also authorize the Financial Institution named below to debit same to such account.

Financial Institution Name _____ **Branch** _____

City _____ **State** _____ **ZIP** _____

Transit/ABA No. _____ **Account No.** _____

Checking Account

Savings Account

This authority is to remain in full force and effect until the Community and the Financial Institution have received written notification from me of its termination in such time and manner as to afford the Community and the Financial Institution a reasonable opportunity to act upon the request. I further understand that payments will be deducted from my account between the tenth and fifteenth of the January and July, or the first working day after. Should my payment be returned for any reason, I understand that I can be terminated from the program and I will be charged a \$25.00 administrative fee.

A VOIDED CHECK (NOT DEPOSIT SLIP) MUST BE ATTACHED.

Name(s) _____ **Home Phone** _____

Unit Address _____ **Cell Phone** _____

Email Address _____

Mailing Address (if different) _____

Street Address

City

State

ZIP

Date _____ **Signed** _____