

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

NOTE: A VOIDED CHECK (CHECKING ACCOUNTS) OR DEPOSIT SLIP (SAVINGS ACCOUNTS) MUST BE ATTACHED TO THIS FORM TO BE PROCESSED PROPERLY

I (we) hereby authorize COMMUNITIES OF AMERICA, 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 5TH of each month in which assessment payments are due. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law. I (we) understand the debit will appear on my bank statement under the description of ASSOCIATION LOCKBOX.

Depository 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 30 days prior to canceling the auto debit. I also give the association the authority to change the auto debit as maintenance fees are changed by the Board of Directors.

My association is: Phoebe Park Association Account Number: _____

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

Property Address: _____

Frequency: **Monthly**

Assessment Amount: \$ _____ Begin Deducting Payments As Of: ____/____/____

Signature(s): _____ / _____ Date: _____

PLEASE RETURN THIS FORM WITH A VOIDED CHECK OR DEPOSIT SLIP TO:
COMMUNITIES OF AMERICA, INC.
ATTN: ACCOUNTING DEPT
P.O. BOX 2608
VALRICO FL 33595