

Electronic Funds Transfer Authorization Form

I/we hereby authorize **SouthState Bank** to initiate **EFT** (automatic withdrawals) from my/our checking account for credit to the below-named account on the **5th day** of each month in the amount of \$_____. This authority will remain in effect until I/we notify **SouthState Bank** otherwise. I/we further agree that this amount may change as directed by the board of **Jade Beach Villas East, Inc.** and that I authorize **SouthState Bank** to make whatever changes are necessary to the amount of the **EFT** debit entry.

Name of Your Bank: _____

The account number to be debited#: _____

Your Bank's Routing/Transit Number: _____
(9-digit number found on lower left side of check)

ACCOUNT #: _____

The name of the account to be credited is **Jade Beach Villas East, Inc.**

Account Owner Signature: _____

Account Owner Name: _____

Phone Number: _____

Email Address: _____

(Date When First Payment is to be debited from account.)

Please note that paper authorizations must be received by the **20th** of the month to be effective for the next debit month. If the **20th** falls on a weekend or holiday, the deadline is the last business day prior to the **20th**.

Date this form was signed: _____

PLEASE INCLUDE A VOIDED CHECK!!!

Send to: Jade Beach Villas East, Inc.
 C/O Oxygen Association Services
 361 East Hillsboro Blvd
 Deerfield Beach, FL 33441

Email to: ArCondoHoa@oxygenmgmt.com