

PARADISE BEACH RESORT

I authorize Coastal Realty & Property Management, Inc. to initiate debit entries from my checking account and credit the entry into the PARADISE BEACH RESORT account in the amount of _____ for my monthly assessment due for my unit each month. It is my understanding that all debits will be processed on or about the 5th. If this date should fall on a holiday or weekend it will be processed the next business day. All items that are returned from the bank for insufficient funds will be charged an additional \$35 fee per return and redeposit once.

UNIT # _____

OWNER NAME _____

NAME OF BANK _____

ADDRESS OF BANK _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

AUTHORIZING SIGNATURE _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM AND RETURN TO:

PARADISE BEACH RESORT
C/O COASTAL REALTY
3942 A1A SOUTH
ST AUGUSTINE, FL 32080

EMAIL: LYNDA@COASTALREALTYFL.COM
FAX: 904-471-2866