

Coco Bay Community Association, Inc.

c/o Myers, Brettholtz & Co., PA
12671 Whitehall Drive
Fort Myers, FL 33907
(239) 425-2173

ASSOCIATION ACH PAYMENT AUTHORIZATION

Date: _____ (☐) First time setup (☐) Change of banking information
(☐) Checking (☐) Savings

Association Account No.: _____

Property Owner Name: _____

Property Address: _____

For U.S. bank or credit union accounts only.

Bank Name: _____

Bank Routing Number (9-digits): _____

Name on Bank Account: _____

Bank Account Number: _____

Variable Amount Direct Payment Program:

The amount due for my Association dues will be deducted approximately 3 days after the due date. If the 3rd day falls on a weekend or holiday, the debit is processed the next business day.

The amount due may vary based on the approved Association payment amount owed. Special assessments and other amounts that may be due on my account may require additional authorization and cannot be assumed to be paid automatically.

I (we) acknowledge that I am (we are) the account holder(s) of record at the Bank provided in this authorization. I (we) hereby authorize Coco Bay Community Association, Inc., hereinafter called COMPANY, to initiate electronic debit entries to my (our) account at the Financial Institution indicated above, and if necessary credit my (our) account to correct erroneous debits. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. Law. This authorization will remain in full force and effect until I (we) notify Company within 10 business days of our intent to either discontinue service or change the Bank Name or Bank Account Number. Payments returned due to insufficient funds or otherwise refused by the financial institution may result in additional fees and termination of my (our) enrollment in this direct payment program.

Authorized Signature:

Signature: _____

Date: _____

Printed Name: _____

Email address: _____

Please note that by authorizing ACH payment you will only receive emailed statements from donotreply@mbcopa.com, donotreply@cincsys.com or donotreply@cincwebaxis.com.

This service CANNOT start until we receive a copy of a voided check for the account being debited along with the completed form.

Scanned copies may be received via fax at 239-939-3032. To safely send your information electronically please email bookkeeping@mbcopa.com to request a secure link.

A sample check from ANYPLACE BANK, Anyplace, VA 20000. The check is payable to the order of JEFFREY MAPLE and SUZANNE MAPLE, 123 Pear Lane, Anyplace, VA 20000. The check number is 1234. The routing number is 250250025 and the account number is 202020. A note indicates that the check number should not be included. The check is marked with a large 'SAMPLE' watermark.

Note. The routing and account numbers may be in different places on your check.