

BLUEWATER MANAGEMENT SERVICES
P.O. BOX 5263
NICEVILLE, FL 32578
PHONE: (850) 897-9400 FAX: (850) 897-9211
E-MAIL: accounting@bwms.gccoxmail.com

AUTO-DEBIT (ACH) AUTHORIZATION FORM

I (we) _____ hereby authorize Bluewater Management Services, on behalf of _____ Association to initiate debit entries of regular association dues to my (our) account at the financial institution named below, and to debit the same to such account, I (we) acknowledge that the origination of ACH transactions to my (our), account must comply with the provisions of U.S. law.

Bank Name: _____

Bank City: _____ State: _____

Routing Number: _____

Account Number: _____

___ Checking Account ___ Savings Account
(select one)

Amount: \$ _____ Frequency: _____

Name: _____
(please print)

Signature: _____

Date: _____

(Please attach voided check here)