

**WELLEBY MANAGEMENT ASSOCIATION INC.
3489 HIATUS ROAD, SUNRISE, FL 33351**

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWALS

ACCOUNT (USE UNIT #): _____

WELLEBY UNIT ADDRESS: _____ **Sunrise, FL 33351**

I/We hereby authorize WMA or their agent(s), (the "Company") to initiate debit (withdrawal) transactions to my/our
 Checking Savings account indicated below and the depository named below to debit the same to such account.
The withdrawal is scheduled to occur on the fifth, or the first business day after the fifth, of every quarter.

BANK NAME: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

BANK TRANSIT/ABA#: _____ **ACCOUNT#:** _____

This authority is to remain in full force and effect until the Company has received written notification from me (either of us) of its termination in such time and in such manner as to afford the Company a reasonable opportunity to act on it. Please attach a check marked **VOID**. Insufficient Funds in the account will result in an additional fee.

MANAGER OR REP NAME (if any): _____

OWNER NAME: _____

MAILING ADDRESS (if different): _____

If alternate mailing address is written in all Welleby correspondence will be mailed to this address/must be in Continental US

PHONE NUMBERS (W/NAME:) _____

EMAIL ADDRESS: _____

SIGNED: _____ **DATE:** _____

ATTACH VOIDED CHECK HERE