



AUTOMATIC ASSOCIATION PAYMENT AUTHORIZATION
(Attach VOIDED Check)

Association: Tamiami Master Association, Inc. Unit Number: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

Financial Institution: _____ Phone: _____

Bank Routing #: _____ Checking Savings Account # _____

By signing below, I hereby authorize the above Association to initiate debit entries, no earlier than the payment due date, from my checking or savings account at the financial institution listed above for the purpose of making my monthly maintenance payments. The transfer of funds from my account will not cease until the Association receives written notification from me within 15 days before the next transaction due date.

SIGNED: _____ DATE: _____