

AUTOMATIC ASSOCIATION PAYMENT AUTHORIZATION CANCELLATION FORM



Date: _____

I/we hereby authorize Tamiami Master Association, Inc. to cease my/our auto deduction from my/our account for the monthly maintenance fees as of

_____.

(CANCELLATION DATE)

Owner's Name: _____ Village Address:
_____ Phone number:

I/we understand that cancelling the AUTOMATIC ASSOCIATION PAYMENT AUTHORIZATION does not relieve me/us from the financial obligation of the monthly maintenance fees. I/we are responsible for the monthly maintenance fees until closing.

Signature: _____