

AUTOMATIC ASSOCIATION PAYMENT AUTHORIZATION

(ATTACH A VOIDED CHECK)

Association: Tamiami Master Association, Inc.	Unit Number:
Name:	Phone:
Address:	
City:	State: ZIP:
Financial Institution:	Phone:
Bank Routing #: Check	ing Savings Account#
By signing below, I hereby authorize the above Associat payment due date, from my checking or savings accou purpose of making my monthly maintenance payment until the Association receives written notification from date.	nt at the financial institution listed above for the s. The transfer of funds from my account will not cease
SIGNED:	DATE:
By completing the below section, I acknowledge t Association Payments through Tamiami Master As following payment method.PLEASE CHECK ONE	ssociation, and I will make my payments using the
SETTING UP AUTOMATIC PAYMENTS DIRECTLY THROU	JGH MY BANK. MAILING IN A CHECK.
PAYING IN PERSON BY CASH OR CHECK.	YING BY MAILING IN THE PAYMENT COUPON WITH A CHECK.
	Bank's lockbox (Valley National Bank) and not to r the first payment due at the beginning of each fiscal April 30 th of the following year. If your proof of closing is you will need to choose a different method of payment
Printed Name:	Village Address:
SIGNED:	DATE: