Print Form

SUPERIOR BANK

ASSOCIATION PAY AUTHORIZATION

Use this form to sign up for the automated way to make your association maintenance fee payments. Features of this system are as follows:

- Payments automatically deducted from your designated bank account on the 3rd day of the month or quarter in which the payment is due. If the 3rd falls on a holiday or weekend, your payment will be deducted on the **next** business day.
- Designated bank account can be any Federal Reserve Bank member located in the United States.
- Forms must be received by Superior Bank, by the 20th of the month **prior** to your first payment activation. If this cannot be performed please use your coupon or invoice and a check for the first payment.

To sign up for this payment system, please complete the section below and send the original to the bank with the following items:

- A voided check from your designated account
- The last payment coupon from your association coupon book (if you have been provided a coupon book). If you pay monthly, this will be your December coupon; if you pay quarterly, this will be your October coupon.

MAIL TO: Superior Bank
C/O Association Services Department
P.O. Box 49408
Sarasota, Florida 34230-9408
1 (877) 329-1415 / (877) 238-3303 Fax

If you experience a change in bank information or the sale of a unit please contact the Association Services Department.

ASSOCIATION NAME Gasparilla Condominium Assoc. **UNIT NUMBER** _____

*****I WOULD LIKE MY AUTOMATIC DEBIT TO START IN** _____ **(MONTH)** _____ **(YEAR)*****

I hereby authorize SUPERIOR BANK, to initiate debit entries to my Checking or Savings account at the financial institution indicated below for the purpose of making Association Maintenance Payments. It is understood that the amount of such debit entry is based upon information provided by the Management Company or Association and that this amount may change in accordance with new maintenance fee requirements. The Bank is not required to notify me of such change.

NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

FINANCIAL INSTITUTION _____ PHONE _____

FINANCIAL ADDRESS _____ CITY _____ STATE _____ ZIP _____

ACCOUNT NO. _____ CHECKING ☐ SAVINGS ☐ BANK ROUTING NO. _____

This authorization is to remain in full force and effect until Superior Bank, has received written notification from me or the Management Company or the Association of its termination in such time and in such matter as to afford only Superior Bank, and the Financial Institution a reasonable opportunity to act on it. NOTE: In case of revoked authorization, SUPERIOR BANK, must receive the notification in writing no later than 15 days before the next transaction effective date.

DATE SIGNED X _____

FOR BANK USE ONLY:

UNIT OWNER #:	*ASSOC ID #:*	*MGT CO.:*	*AMOUNT:*	*FREQ.*	*DATE REC'D*	*1st PMT. DATE:*
			$			

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