



*Sandestin Owners  
Association, Inc.*

**In order to enroll in the Automatic Payment program for your Sandestin Owners Association quarterly Assessment, please complete the form below, and return it with a copy of your voided check by one of the following methods:**

**Mail: Sandestin Owners Association  
PO Box 6868  
Destin, FL 32550**

**Fax: (850) 424-5964**

**E-Mail: soaccounting@soaowners.com**

**If you have any questions, please call 850-424-5940.**

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**SANDESTIN OWNERS ASSOCIATION  
AUTOMATIC PAYMENT AUTHORIZATION**

**SOA ACCOUNT# \_\_\_\_\_**

I hereby authorize **Sandestin Owners Association, Inc.**, hereinafter called SOA, to initiate debit entries to my checking or savings account for the purpose of making any Association Assessment Payments for my property located at \_\_\_\_\_ (please include unit number). I also authorize the financial institution to withdraw these payments from my account. **\*Please attach voided check!**

\*The transfer from your account will not cease until SOA receives written notification from you revoking this authorization; SOA must receive this notice within 15 days before the next transaction effective date.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED X \_\_\_\_\_ SIGNED X \_\_\_\_\_

**\*\*ATTACH VOIDED CHECK\*\***