



Sandestin
OWNERS ASSOCIATION, INC

If you would like to sign-up for a new auto-withdrawal (ACH) to pay your quarterly assessments, please complete the form below and return it to our office.

If you are already using this method and have no changes, a new form is not needed. Your current information will remain in place.

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

Fax: (850) 424-5963

E-Mail: soaccounting@soaowners.com

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

SOA ACCOUNT# _____

SANDESTIN OWNERS ASSOCIATION, INC.
AUTOMATIC PAYMENT AUTHORIZATION

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 at least 15 days before the next transaction effective date.

NAME _____ PHONE (____) _____ EMAIL _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

DATE _____ SIGNED X _____ SIGNED X _____

****ATTACH VOIDED CHECK****