



RECURRING / ONE TIME PAYMENT AUTHORIZATION

Name _____ SOA Account # _____

Property Address _____

Phone _____ Email _____

ONE TIME PAYMENT \$ _____ **AMOUNT TO PAY**

RECURRING **Quarter to Begin AutoPay :** (circle one) Jan Apr July Oct

I hereby authorize Sandestin Owners Association, Inc., hereinafter called SOA, to process an electronic debit for the amount of my SOA dues from the account listed on or around the 10th of each quarter (January, April, July and October). This authority is to remain in effect until Sandestin Owners Association has received notification from me.

BANK DRAFT

Bank Routing # _____

****Attach a VOIDED CHECK****

Checking # _____

CREDIT CARD PAYMENT

Name on Credit Card _____

Credit Card Number _____ EXP Date _____

Credit Card Billing Address _____ ZIP CODE _____

Date _____ Signed _____

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

Fax: (850) 424-5963