



*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.

**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****