

Schoo Association Management, LLC

9403 Cypress Lake Drive - Suite #C

Fort Myers, Florida 33919

Phone (239) 362-3091* Fax (239) 362-0894

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (we) hereby authorize Iberia Bank, hereinafter called FINANCIAL INSTITUTION, to initiate debit or credit entries and adjustments to my (our) _____ checking _____ savings account (select one) indicated below, and the depository to debit and/ or credit the same such account.

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____ UNIT ADDRESS _____

(PLEASE PRINT)

NAME OF ASSOCIATION: _____

DATE _____ SIGNED X _____

DATE _____ SIGNED X _____

PLEASE ENCLOSE A VOIDED CHECK