

PARADISE BEACH RESORT

I authorize Coastal Realty & Property Management, Inc. to initiate debit entries from my checking account and credit the entry into the PARADISE BEACH RESORT account in the amount of \_\_\_\_\_ for my monthly assessment due for my unit each month. It is my understanding that all debits will be processed on or about the 5<sup>th</sup>. If this date should fall on a holiday or weekend it will be processed the next business day. All items that are returned from the bank for insufficient funds will be charged an additional \$35 fee per return and redeposit once.

UNIT # \_\_\_\_\_

OWNER NAME \_\_\_\_\_

NAME OF BANK \_\_\_\_\_

ADDRESS OF BANK \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

AUTHORIZING SIGNATURE \_\_\_\_\_

PLEASE ATTACH A VOIDED CHECK TO THIS FORM AND RETURN TO:

PARADISE BEACH RESORT  
C/O COASTAL REALTY  
3942 A1A SOUTH  
ST AUGUSTINE, FL 32080

EMAIL: [LYNDA@COASTALREALTYFL.COM](mailto:LYNDA@COASTALREALTYFL.COM)  
FAX: 904-471-2866