

**CLUBSIDE AT THE STRAND  
NEIGHBORHOOD CONDOMINIUM ASSOCIATION**

Dear Owner.

We are pleased to advise you that DMG utilizes an **electronic payment program** through Orion Bank for use by owners as a convenient method of paying your quarterly fees. This procedure permits you to pay your association fees directly by electronic bank transfer rather than by check and mail. This payment method also allows your association to reduce collection costs and avoids late payment penalties.

To have your association fees paid by electronic fund transfer, simply provide the account information requested on the reverse of this sheet and include a voided check (not deposit slip) from your checking account and return them to DMG. You will then receive a letter notifying you of the date of the initial transfer of your association fee.

Once you have enrolled in the program, you need only to notify us of any change in banks, or if you intend to cancel the program. If you choose not to enroll in the program, please continue to use the coupons/statement to pay your association fees.

If you have any questions about the authorization form or the program, please contact us at (239) 592-9115.

Thank you,

Dorrill Management Group  
5645 Strand Boulevard, Suite #3  
Naples, FL 34110

(SEE REVERSE)

# MAINTENANCE FEE AUTO DEBIT AUTHORIZATION

Association Name: CLUBSIDE NEIGHBORHOOD CONDOMINIUM ASSOCIATION

Name on Deed: \_\_\_\_\_

Property Address: \_\_\_\_\_

Maintenance fee Account #: (provided by DMG)

Month Start Date: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Name on Bank Account: \_\_\_\_\_

Account to be charged: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

I HAVE INCLUDED A BLANK VOIDED CHECK AND HEREBY AUTHORIZE MY FINANCIAL INSTITUTION TO DEBIT MY ACCOUNT IN THE NAME OF MY HOMEOWNERS ASSOCIATION. I ALSO REALIZE THE AUTO DEBIT WILL APPEAR ON MY BANK STATEMENT BETWEEN THE 1st AND 10<sup>TH</sup> WORKING DAY OF EACH MONTH IF MONTHLY ASSESSMENTS, OR BETWEEN THE 1st AND 10<sup>TH</sup> WORKING DAY OF THE FIRST MONTH OF THE QUARTER IF QUARTLERLY ASSESSMENT. IN ADDITION, I UNDERSTAND THIS AUTO DEBIT WILL REMAIN UNTIL I NOTIFY MY ASSOCIATION IN WRITING, 30 DAYS PRIOR TO CANCELING THE AUTO DEBIT. I ALSO GIVE THE ASSOCIATION AUTHORITY TO INCREASE THE AUTO DEBIT AS MAINTANCE FEES ARE INCREASED BY THE BOARD OF DIRECTORS.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*Please attach voided check here*