MAINTENANCE FEE ELECTRONIC FUNDS TRANSFER AUTHORIZATION

ASSOCIATION NAME __PORTOFINO SHORES POA_____

NAME ON DEED _____

PROPERTY ADDRESS _____

ACCOUNT #, lot #, Apt # _____
(if unknown leave blank)

MONTH START DATE _____

ASSESSMENT FREQUENCY _X_ Monthly

ASSESSMENT AMOUNT $_____

NAME OF BANK _____

NAMES ON BANK ACCOUNT _____

ACCOUNT TO BE CHARGED _____Checking _____Savings
(Void check) **(Deposit slip)**

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. THE AUTO DEBIT WILL APPEAR ON MY BANK STATEMENT BETWEEN THE 5TH AND 10TH WORKING DAY OF EACH MONTH, IF A MONTHLY ASSESSMENT, OR THE 5TH AND 10TH WORKING DAY OF THE FIRST MONTH OF THE QUARTER IF A QUARTERLY 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 MAINTENANCE FEES ARE INCREASED BY THE BOARD OF DIRECTORS.

SIGNATURE _____

DATE _____

PLEASE RETURN COMPLETED FORM TO:

CARR, RIGGS, & INGRAM, LLC
PO BOX 3388
STUART FL 34995-3388
FAX #772-220-1566