



Community Services Association

145 Plantation Drive
Titusville, Florida 32780
321-268-9767 Fax 321-268-2380

The Great Outdoors Community Services Association
Direct Debit Payment Authorization Agreement

The Great Outdoors Community Services Association is pleased to offer you the option of using the electronic transfer of funds method to make your assessment payment. This allows automatic payment of your assessments from your bank directly to the Association’s bank account. Preauthorized electronic payments mean that owners can pay their assessments automatically without writing checks, thus eliminating the potential for late payments.

To enroll, your account must have a zero (-0-) balance with the Association. Funds will be transferred on the 3rd (third) day of the assessment month (January, April, July, and October) unless the annual option is chosen in which case the annual assessment will be transferred on the 3rd (third) day of April only. **The amount transferred will equal the quarterly or annual dues for your property as published in the assessment billing mailed in February/March of each year.**

If you have any questions or need more information, please call Sharon K Sanford at (321) 268-9767.

_____ New Request _____ Update Bank Account Information

I (we) hereby authorize The Great Outdoors Community Services Association (CSA) to initiate debit entries to my (our) account (select one) described below:

Checking Savings account

Please choose one option:

_____ Quarterly dues (4 equal payments) _____ Annual dues (1time per year)

Financial Institution _____ Branch City _____

Transit/ABA Number _____ Bank Account Number _____
(9 digit number located next to your account #)

*******Please Attach a Voided Check*******

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

Signature _____

(Optional – for Joint Account)

Date _____

Signature _____

Full Name _____

Date _____

TGO Address _____

Telephone No. _____

Telephone No. _____

TGO Account Number _____

Please return the signed form along with a voided check to CSA, 100-D Plantation Drive, Titusville FL 32780