



**Automatic Debit  
Authorization for**

**Association Name** \_\_\_\_\_ Chateau Wood HOA  
Inc. \_\_\_\_\_

\_\_\_\_\_  
(Resident/Owner Name) (Unit ID/Account Number)

\_\_\_\_\_  
(Property - Address, City, State, Zip)

\_\_\_\_\_  
Frequency (Monthly/Quarterly) (Start  
Date)

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Routing & Transit Number) (Checking Account Number)

*By signing below you give authorization to debit the account noted above for the periodic dues payments as per your agreement with the above named Association. This authority is to remain in full force and effect until written notification is received from the recipient of its termination in such a time and manner as to afford reasonable time to act upon it.*

\_\_\_\_\_  
(Owner Signature) (Date)

\_\_\_\_\_  
(Printed Name) (Daytime Telephone Number)

*Please be sure to include your **e-mail address** above if you would like to receive confirmation of your enrollment.*

**Please attach a voided check or financial institution account verification letter**

and mail to :  
**CenterState Bank  
Attn: Lockbox  
9815 S US Hwy 1  
Port Saint Lucie, FL 34952**

or email to:  
**lockbox@centerstatebank.com**