

**Crystal Tower Condo Association
P.O. Box 3813
Gulf Shores, AL 36547**

Authorization Form

I (we) hereby authorize **Crystal Tower Association** to initiate a CHARGE entry to my (our) checking/savings account at the *Financial Institution* indicated below on the first business day of each month. This authority will remain in effect until notified by me (us) in writing to cancel it in such time as to afford **Crystal Tower Association** and Financial Institution a reasonable opportunity to act on it.

Name of Financial Institution Location (City, State) Unit
Owner
Bank

Financial Institution Routing/Transit Number: _____ Unit
Owner
Acct.

Checking Account Number: _____ Unit
Owner
Acct.

OR

Savings Account Number: _____

*****Amount **\$600.00 per month*******

Signature Date

Name (please Print) Unit #

PLEASE ATTACH A COPY OF A CANCELLED CHECK