



ATLANTIS MANAGEMENT SERVICES, LC

Property Management and Related Services

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PROFILES II HOMEOWNERS ASSOCIATION, INC. Autopay Authorization

For the Autopay program to begin automatically deducting maintenance fees and any special assessments from your checking account, please complete the information below and attach a blank check marked "void".

Assessment Frequency: Quarterly

Unit Owner Name: _____

Property Address: _____

Contact Number(s): _____

Email Address: _____ Account Number: _____

Name of Your Bank: _____

City and Location of Bank: _____

I have included a blank, voided check: _____ (Please initial)

I hereby authorize my bank to auto debit my account in the name of Profiles II Homeowners Association, Inc. I grant the Association the right and authority to amend the auto debit as maintenance fees are amended or special assessments are ratified by the Board of Directors.

Start Date: _____

I understand that:

1. Funds must be available by the due date.
2. This auto debit will appear on my bank statement under the description of Association "Direct Debit". And will appear on my bank statement between the fifth (5th) and the tenth (10th) working day after the funds have been debited.
3. This auto debit will remain in effect until I notify Profiles II Homeowners Association, Inc., in writing, thirty (30) days prior to cancellation of the auto debit.

Signature: _____ Date: _____