

DIRECT PAYMENT AUTHORIZATION AGREEMENT

MAIL TO: Accounting Dept, First National Bank of Pasco, P. O. Box 2349, Dade City, FL 33526

PAYMENT AUTHORIZATION START DATE

I/we hereby authorize First National Bank of Pasco to initiate entries to my/our account at the financial institution indicated below for my/our (Association) dues, to include all future amounts charged. I/we also authorize the financial institution to withdraw these payments from my/our account.

NAME _____ LOT# _____ PHONE _____

FINANCIAL INSTITUTION NAME _____

This authorization for the transfer of funds is to remain in full force and effect until the Association has received written notification from me (or either of us) of its termination. This authorization agreement or written notice must be provided 15 days prior to the effective date as to afford ASSOCIATION and First National Bank of Pasco a reasonable opportunity to act on it.

Signer _____ Signer _____ Date _____

PLEASE ATTACH A VOIDED CHECK AND LAST COPY OF COUPON