

RIVERBEND COUNTRY CLUB
Pre-Authorized Payments Agreement
(Attach VOIDED Check)

Cluster: _____ Unit Letter: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

E-MAIL STATEMENTS

If you would like to receive paperless statements via e-mail, please send your request to Office@RiverbendFL.com

CONDO PAYMENTS:

Financial Institution: _____ Phone: _____

Bank Routing #: _____ Checking Savings Account # _____

By signing below, I hereby authorize Riverbend Condominium Association, Inc. to initiate debit entries, no earlier than the payment due date, from my checking or savings account at the financial institution listed above for the purpose of making my condominium association payments. The transfer of funds from my account will not cease until the Association receives written notification from me within 15 days before the next transaction due date.

SIGNED: _____ DATE: _____

GOLF PAYMENTS:

Financial Institution: _____ Phone: _____

Bank Routing #: _____ Checking Savings Account # _____

By signing below, I hereby authorize Riverbend Golf Club, Inc. to initiate debit entries, no earlier than the payment due date, from my checking or savings account at the financial institution listed above for the purpose of making my golf charges and quarterly maintenance payments. The transfer of funds from my account will not cease until the Golf Club receives written notification from me within 15 days before the next transaction due date.

SIGNED: _____ DATE: _____