

*This application and appropriate copies must be received by the first (1st) of the month in which you wish **DIRECT DRAFT** to begin*

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS
(ACH DEBITS)**

This is for PORT VILLAS, HPR I payments only

I (WE) hereby authorize IMC Resort Services, Inc., agent for **PORT VILLAS, HPR I** herein after called **COMPANY**, to initiate debit entries and/or correction entries to our (**check one**): *The funds must be drawn on a United States bank.*

Checking Account

Savings account

ALL **DIRECT DRAFT** TRANSFERS WILL BE DRAWN ON OR ABOUT THE **5TH** OF EACH MONTH.

Bank / Depository Name _____ Branch _____
City, State _____ Bank Transit / ABA Number _____
Begin Direct Draft (Month/Year) ___ / ___ Bank Account Number _____

This authorization is to remain in full force until **COMPANY** has received written notification from me, (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** reasonable opportunity to act upon it.

If you wish to stop direct draft you must notify IMC Resort Services, Inc. in writing, including the date you would like services to be discontinued.

NAME (S) *Please Print*

_____ **UNIT #** _____

SIGNATURE _____ **DATE** _____

SIGNATURE _____ **DATE** _____

Phone Number _____ **(day)** _____ **(evening)**

Please attach a **VOIDED** check from the account you wish to be drafted and forward to IMC Resort Services. You may also return this form and a copy of your voided check by fax at 843-785-3901.

ALL **DIRECT DRAFT** TRANSFERS WILL BE DRAWN ON OR ABOUT THE **5TH** OF EACH MONTH.