

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

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

**This is for HAMILTON AT SHIPYARD HPR  
Association fee payments only.**

*Special billings will not be drafted from your account.*

I (WE) hereby authorize IMC Resort Services, Inc., agent for **HAMILTON AT SHIPYARD, HPR** 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.