

CAREFREE CLUBHOUSE CORPORATION
3000 CAREFREE BOULEVARD, NORTH FORT MYERS, FLORIDA 33917
TELEPHONE: 239-731-8500 FAX: 239-731-0055
E-Mail: carefreeoffice@carefreefl.com

AUTOMATIC QUARTERLY PAYMENT PLAN
(Customer authorization to honor Automatic Check Handling (ACH) debits)
Please fax or mail **with voided check**

Name: _____

Homeowner Street Number: _____ Lot#: _____

Mailing Address: _____

City/State/Zip: _____

Home Phone Number: _____ Work Phone Number: _____

Email Address: _____

BANKING INFORMATION

Your Bank's Name: _____

Your Bank's Address: _____

Your Bank Account Number: _____

Your Bank's Routing Number: _____

Name(s) Appearing on Your Account: _____

Type of Account: _____ Savings _____ Checking / Effective date of withdrawal: _____

Dues amount: \$_____ per quarter (JAN 1, APRIL 1, JULY 1, OCTOBER 1).

I authorize Carefree Clubhouse Corporation to deduct from my account with the financial institution named above, the amount of my quarterly dues on the fifth of the first month of the quarter (when that day falls on a Saturday, Sunday or holiday, then the deduction will occur on the following business day.)

I understand that I may discontinue enrollment in the Automatic Check Handling Plan at any time by sending my request in writing to Carefree Clubhouse Corporation. I understand that any changes to this application must be in writing. I also understand that both my financial institution and Carefree Clubhouse Corporation have the right to terminate this payment plan or my participation therein.

Signature: _____

Date: _____