

Direct Debit Authorization

I (we) hereby authorize Lang Management Company, Inc to initiate Debit entries, and if necessary, adjustment entries to my (our) accounts at the financial institution(s) listed below.

The Direct Debit process is originated within the first 3-6 business days of the month a payment is due.

You will receive written confirmation advising the first month of Direct Debit withdrawal.

PGA PROPERTY OWNERS' ASSOCIATION, INC. (Co 111)

Resident Name: _____

Property Address in PGA National: _____

Primary Account Information (please print)

(Financial Institution Name)

(Routing & Transit Number)

(Account Number)

(Account Type – checking, savings, money market, etc)

This authority is to remain in full force and effect until Lang Management has received written notification from the recipient of its termination in such a time and manner as to afford Lang Management a reasonable time to act upon it.

(Homeowner Signature)

(Homeowner Email)

(Date)

Please attach a voided check or financial institution account verification letter to this form.

RETURN TO: Direct Debit Coordinator
c/o Lang Management Company
790 Park of Commerce Blvd. Suite 200
Boca Raton, FL 33487

Email Contact: acctdept@langmanagement.com

Phone Number: 561 750-8800 ext. 141

FAX Number: 561 347-7831