

**Electronic Funds Transfer Authorization Form**

I/we hereby authorize **South State Bank** to initiate EFT debit entries (withdrawals) from my/our checking account for credit to the below-named account on the **10th day** of each Month in the amount of \$ \_\_\_\_\_. This authority will remain in effect until I/we notify **South State Bank** otherwise. I/we further agree that this amount may change as directed by the board of **The Villas of Rainberry Homeowners' Association**, Inc. and that I authorize **South State Bank** to make whatever changes are necessary to the amount of the EFT debit entry.

Name of Your Bank: \_\_\_\_\_

The account number to be debited: # \_\_\_\_\_

You Bank's Routing/Transit Number: \_\_\_\_\_  
(9-digit number found on lower left side of check)

**ACCOUNT # (VERY IMPORTANT!): VOR \_\_\_\_\_**  
**(This is the number appearing on your payment coupon.)**

The name of the account to be credited is **Villas of Rainberry HOA**

Account Owner Signature: \_\_\_\_\_

Account Owner Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
(Date When First Payment is to be debited from account.)

Please note that paper authorizations must be received by the **20<sup>th</sup>** of the month to be effective for the next debit quarter. If the **20<sup>th</sup>** falls on a weekend or holiday, the deadline is the last business day prior to the **20<sup>th</sup>**.

Date this form was signed: \_\_\_\_\_

**PLEASE INCLUDE A VOIDED CHECK!!!**

Send to: **Villas of Rainberry Homeowners' Association**  
C/O Oxygen Association Services, LLC  
361 Hillsboro Blvd, Deerfield Beach, FL 33441

Email: [cindy@oxygenmgmt.com](mailto:cindy@oxygenmgmt.com)