



PREAUTHORIZED DEBIT AUTHORIZATION

Customer Name: _____ Telephone Number: _____

Village Address: _____ Unit and Lot: _____
The Villages, FL 321 _____

SPECIAL NOTES: _____

FINANCIAL INSTITUTION INFORMATION

Please attach a VOIDED check from account you want debited. The below bank information will be completed for you if you leave it blank.

Institution Name: _____ Routing Number: _____

Account Number: _____ Requested Start Date: _____

Checking Savings

ACCOUNTS TO BE PAID

Please check below the account to be automatically paid. Your utility account number will be entered for you if that information is left blank.

Village Center Community Development District

- Village Center Service Area
Account # _____
- Little Sumter Service Area
Account # _____

North Sumter County Utility Dependent District

- North Sumter Service Area
Account # _____

AGREEMENT

We hereby authorize you to make the transfer(s) indicated above until further notice from us. If this agreement changes any prior authorization between you and us, the prior authorization is hereby cancelled, and we instruct you to follow this authorization. We acknowledge that we have received an Electronic Funds Transfer Disclosure Statement which describes your and our rights and responsibilities concerning the above transfer(s). We understand that we can call you to find out whether or not the transfer has been made. We understand that it is our responsibility to have sufficient funds available in our account on the transfer date(s) in order for you to make the automatic payment(s). We acknowledge that if sufficient funds are not available in our account to cover the amount of the transfer(s), the automatic payment(s) may not be made. We further acknowledge that the Financial Institution will not be liable for any charges, including but not limited to any charges related to items returned because of insufficient funds or for any late charges or additional interest if this authorization is for automatic loan payment(s).

AUTHORIZATION

Account Holders Signature: _____

Printed Name: _____

Date: _____

CANCELLATION

Date authorized to be Cancelled: _____ Account Holders Signature: _____

Please mail or deliver to: District Finance Department
3201 Wedgewood Lane
The Villages, FL 32162

Fax Number: 352-751-3911
Telephone No.: (352) 750-0000

For office use only:
Received by: _____ Entered by: _____ Reviewed by: _____