

**Windstar on Naples Bay Master Assoc., Inc.  
c/o Ability Management, Inc.  
6736 Lone Oak Blvd.  
Naples, FL 34109-6834**

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**ELECTRONIC PAYMENT PROGRAM AUTHORIZATION FORM**

To enroll in Windstar on Naples Bay Master Assoc., Inc. Electronic Payment Program, please:

1. Complete this form in its entirety.
2. Enclose a **voided** check from your checking account.
3. Sign the authorization form.
4. Send the application form with your **voided** check to:

**Windstar on Naples Bay Master Assoc., Inc.  
c/o Ability Management, Inc.  
6736 Lone Oak Blvd.  
Naples, FL 34109-6834**

I (we) hereby authorize Ability Management, Inc., herein called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entered in error to my (our) bank account indicated on the enclosed check, to debit and/or credit the same such account.

**Financial Institution Name** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

**Transit/ABA No.** \_\_\_\_\_ **Account No.** \_\_\_\_\_

This authority is to remain in full force and effect 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 the financial institution named on the enclosed check a reasonable opportunity to act on it.

**REMEMBER TO ENCLOSE YOUR VOIDED CHECK**

**NAME(S)** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**Mailing Address** (if different) \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **SIGNED:** \_\_\_\_\_

**6736 Lone Oak Blvd., Naples, FL 34109-6834  
Telephone: 239-591-4200 FAX: 239-596-1919**