

IPFS CORPORATION
AUTOMATIC DEBIT AUTHORIZATION

Name & Address of Insured/Borrower: COURTYARDS OF COCOA CONDO ASSOC 1968 OTTERBEIN AVE COCOA, FL 32926	
Telephone Number: 321-848-2668	eMail Address: Office@cocoacourtyards.com
Name & Address of Account Holder (If Different From Above):	
Telephone Number: (321)848-2668	
IPFS Use Only: Acct. No.: FLS-232503	Debit Begins: 6/30/2024

Please verify with your bank that the bank routing number for ACH transactions is the same as listed on your check or deposit slip.

Bank Account Title (Name): The Courtyards of Cocoa		<input checked="checked" type="checkbox"/> Checking or <input type="checkbox"/> Savings
Financial Institution: PNC Bank	ABA #/Routing #: 267084199	
Address (City, State, Zip): 2323 FL-524, Cocoa, Fl. 32926	Acct. No.: 1241130732	
Number of Payments: 11	Payment Amount: \$4745.61	First Payment Due: 6/30/2024

AGREEMENT

I hereby authorize IPFS Corporation (IPFS) to initiate electronic debit entries to the account indicated on this form, from the financial institution identified above (BANK). I authorize BANK to honor the debit entries initiated by IPFS and debit the same to such account. This authority pertains to all financial obligations existing from time to time under the Premium Finance Agreement (PFA) I enter into with IPFS, including but not limited to scheduled payments and the cash down payment described in the PFA (or) revised payment amounts resulting from revisions to the PFA or otherwise, and applicable fees and charges. I understand and agree that enrollment for the IPFS AutoPay program is available at no cost if completed from my account at ipfs.com. I further understand and agree that I can print this form and send to IPFS at the address below, and that the electronic payment processor for IPFS, AndDone, will assess a \$0.00 fee for setting up the enrollment into the IPFS program which will be processed at the time the enrollment is completed in addition to the \$0.00 per transaction technology fee.

The debits for scheduled payments will be in accordance with the schedule of payments disclosed in the PFA, with a debit occurring on the First Payment Due Date, and on the subsequent same day of each month (or per the PFA Schedule of payments if different) thereafter, until all scheduled payments have been made. **If the payment due date falls on a weekday or holiday, IPFS will debit the account on the following business day.** I understand that funds must be available in the account on the date the debit is made.

I understand and agree that each time the BANK rejects a debit entry for Non-Sufficient Funds (NSF) or Account Closed, my account with IPFS will be assessed the maximum NSF fee permitted by law not to exceed \$40.00. The NSF Fee may be electronically debited from my BANK account indicated on this form. I also understand and agree that IPFS may re-initiate a debit returned NSF up to two more times, and the re-initiated debit may occur on a date other than my regular payment due date.

I also understand and agree that this authorization is to remain in force until (1) IPFS receives from me a signed written notice of revocation, sent to the IPFS address set forth below by first class mail postage prepaid in such time and manner as to afford IPFS a reasonable opportunity to act on it; OR (2) I have received written notification from IPFS that this authorization and agreement is terminated for rejection of a debit entry due to NSF or Account Closed.

By: Brenda D. Thurn Date 6-10-2024
(Account Holder or Authorized Signatory of Account Holder)

Printed or Typed Name Brenda D. Thurn DBA Courtyards of Cocoa Association

ACH (Automated Clearing House) GUIDELINES & PROCEDURES

1. For an account to be set up on ACH, insured needs to sign an automatic debit authorization form.
 - 1a. If form is electronically signed, keep for your records only and do not mail to IPFS.
2. IPFS Needs authorization at least two business days before the next payment due date. If authorization is received less than two business days before the next payment due date, insured has to send in a payment for that period and IPFS will initiate debit transactions for the following installment due date.

****Send back to:** IPFS CORPORATION
FLS.PROCESSING@IPFS.COM
3522 THOMASVILLE RD STE 400
TALLAHASSEE, FL 32309
PHONE: (877)674-3076
FAX: (800)808-8784
FLS.payments@ipfs.com