AUTHORIZATION AGREEMENT FOR AUTOMATIC ELECTRONIC PAYMENTS (ACH DEBITS)

COMPANY NAME: Citrus Hills Golf & Country Club LLC	
COMPANY TAX I.D. NUMBER: 59-2390141	
I hereby authorizeCitrus Hills Golf & Cour hereinafter called "Company", to initiate debit entries an adjustments for debit entries in error to my (our):0 below and the financial institution named below, hereindebit the same to such account.	nd to initiate, if necessary, credit entries and Checking Savings account indicated
FINANCIAL INSTITUTION:	BRANCH:
CITY:	STATE:ZIP:
TRANSIT/ABA NO:ACCOUNT NO:	
This authority is to remain in full force and effect until Come (or either of us) of its termination in such time and in financial institution named above a reasonable opportu	such manner as to afford Company and the unity to act on it.
NAME: P	
	(Member number)
DATE:SIGNED:	
*SIGNED:	
*Two signatures required for accounts in joint names.	
PLEASE ATTACH A VOID	DED CHECK
Check here if you no longer wish to receive pa	aper statements
If you would like an e-mail confirmation of the ACH charge, please indicate your e-mail	
address:	