# St. Augustine Ocean & Racquet Club
# Direct Deposit Program

**Name**: _____ Unit #:_____
*(This should be the name found on your bank account)*

**Email Address**: _____

**Bank Name**: _____

**Bank Address:**
_____
_____

**Routing Number**: _____

**Account Number**: _____

**I hereby authorize St. Augustine Ocean & Racquet Resort to deposit entries to the bank account listed above.**

**Signature**: _____ **Date**: _____