

MAINTENANCE FEE AUTO DEBIT AUTHORIZATION

ASSOCIATION NAME: _____

NAME ON DEED: _____

PROPERTY ADDRESS: _____

Unit#: _____

ACH START DATE: _____

BANK INFORMATION

(Please include a voided check)

NAME OF BANK: _____

NAME ON BANK ACCOUNT: _____

ACCOUNT # TO BE CHARGED: _____

TYPE OF ACCOUNT: _____

SOCIAL SECURITY NUMBER: _____

DAYTIME PHONE NUMBER: _____

HOME PHONE NUMBER: _____

I HAVE INCLUDED A BLANK VOIDED CHECK AND HEREBY AUTHORIZE MY FINANCIAL INSTITUTION TO DEBIT MY ACCOUNT IN THE NAME OF MY HOMEOWNERS ASSOCIATION. I ALSO ACKNOWLEDGE THAT THE AUTO DEBIT WILL APPEAR ON MY BANK STATEMENT BETWEEN THE 5TH AND 10TH WORKING DAY OF THE MONTH MAINTENANCE FEES ARE DUE. IN ADDITION, I UNDERSTAND THAT THE AUTO DEBIT WILL REMAIN IN EFFECT UNTIL I NOTIFY MY ASSOCIATION IN WRITING, 30 DAYS PRIOR TO CANCELING THE AUTO DEBIT. I ALSO GIVE THE ASSOCIATION AUTHORITY TO CHANGE MY AUTO DEBIT FEES AS THE FEES ARE CHANGED BY THE BOARD OF DIRECTORS. HOWEVER; NO OTHER FEES OTHER THAN MAINTENANCE, WILL BE DEDUCTED FROM MY ACCOUNT.

SIGNATURE: _____

DATE: ____/____/____

PRINT NAME: _____

OFFICE USE ONLY

ASSOC. CODE _____

ASS. BANK _____

UNIT# _____

QTRLY/MONTHLY/ANNUALLY _____

CHECKLIST

CHECKED OFF DEBIT CHARGE _____

FLAGGED ACCOUNT _____

NOTED ACCOUNT _____

SENT CONFIRMATION _____

ENTER MASTER _____