

ASSOCIATION PAYMENTS

AUTO-DEBIT AUTHORIZATION

ASSOCIATION NAME: _____

1. Authorization must be from a U.S. bank account
2. **When your payment is due we will debit your account on the 5th of the month (with the exception for new associations your initial auto-debit which may be debited on the 21st of the month)**
3. If the 5th or the 21st is on a weekend or holiday, your account will be debited on the next business day
4. Simply complete the authorization form below and attach a VOIDED CHECK to the form

NAME: _____ Phone # _____

MAILING ADDRESS: _____

PROPERTY ADDRESS: _____

NAME OF BANK: _____ Ph. No. (____) _____

BANK ROUTING NO: _____ ACCOUNT NO: _____

SELECT ACCOUNT TYPE THAT WE ARE DEBITING:

_____ CHECKING ACCOUNT

_____ SAVINGS ACCOUNT

I authorize Management and Associates (Mgmt-Assoc, M&A) on behalf of the above named Association to debit my checking or savings account to collect my association payments. I authorize my Financial Institution to allow withdrawals. I authorize increases/decreases to payments as approved by the Board noted in the copy of the budget that I receive annually via mail. The transfer of funds from my account will not cease until Mgmt-Assoc receives written notification at least 15 days prior to next scheduled payment date. Mgmt-Assoc will initiate payments through Servis 1st Bank. For security purposes, Mgmt-Assoc does not use a third-party or share your account information to anyone.

PLEASE ATTACH A VOIDED CHECK

DATE: ____/____/____ SIGNATURE _____

PLEASE MAIL SIGNED AUTHORIZATION TO:

Management and Associates – 720 Brooker Creek Blvd. #206, Oldsmar, FL 34677

PLEASE DO NOT USE THIS SPACE – RESERVED FOR MANAGEMENT AND ASSOCIATES

Acct# _____ Assoc# _____ Freq _____ Dated Rec'd ____/____/____