

Maintenance Fee Auto Debit Authorization

Association Name: _____
 Name on Deed: _____
 Property Address: _____
 Mailing Address: _____
 Name of Bank: _____
 (US Bank Only)
 Name on Bank Account: _____
 Home Phone: _____ Daytime Phone: _____
 Email Address: _____

I have included a **Blank Voided Check** and hereby authorize my financial institution to debit my account in the name of my Condominium or Homeowners Association. I understand the debit will appear on my bank statement under the description of "**Association Lock Box.**" between the **5th** and the **10th** day of each month, if a monthly assessment, or between the **5th** and **10th** day of the first month of the quarter if a quarterly assessment. In addition, **I understand this auto debit will continue until I notify my association in writing 30 days prior to canceling or changing the bank account used for the auto debit.** I also give the association authority to change the auto debit, as maintenance fees are changed by the Board of Directors, in future years.

PLEASE ATTACH A BLANK VOIDED CHECK TO THIS FORM

Return this form by the 21st of the month **PRIOR** to start month.

Start Month & Year: _____
 Assessment Frequency: _____ Monthly ___ Quarterly
 Maintenance Fee: \$ _____ Special Assessment: \$ _____ Other \$ _____
 Describe: _____
 You will be sent a letter confirming the month EFT will start.

ACCOUNT MUST BE CURRENT PRIOR TO START MONTH



Initial box

I authorize a one-time payment in the amount of \$ _____ to bring my
 account current as of _____ (Date)

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

Signature: _____
 Date: _____