

MAINTENANCE FEE AUTO DEBIT AUTHORIZATION

Please only complete this form if this is your first time requesting auto debit or if your bank information has changed or if you wish to cancel your auto debit. You DO NOT have to complete this form if you are currently utilizing the auto debit program; this form is only for *initial enrollment or changes*. Thank you!

If your bank information has changed, please check here.

If you wish to cancel your auto debit, please check here.

ASSOCIATION NAME _____

NAME ON DEED _____

PROPERTY ADDRESS _____

MAINTENANCE FEE ACCOUNT # _____

Located at the top of the coupon:

MONTH START DATE _____

ASSESSMENT AMOUNT _____

BANK NAME _____

NAME(S) ON BANK ACCOUNT _____

BANK ACCOUNT NUMBER _____

ACCOUNT TO BE CHARGED: Please attach a **Voided Check**
Please Note: **WE ARE SORRY, SAVINGS ACCOUNTS CANNOT BE USED AT THIS TIME**

Home Phone _____

Daytime Phone _____

I HAVE INCLUDED A VOIDED CHECK AND HEREBY AUTHORIZE MY FINANCIAL INSTITUTION TO DEBIT MY ACCOUNT TO PAY MY ABOVE MENTIONED ASSOCIATION MAINTENANCE FEES. THIS AUTO DEBIT WILL APPEAR ON MY BANK STATEMENT IDENTIFIED AS "...EFT... MAINT FEE..." IT WILL APPEAR ON MY BANK STATEMENT BETWEEN THE 5TH AND 10TH WORKING DAY OF EACH MONTH, IF THE ASSOCIATION ASSESSMENTS ARE PAID MONTHLY. IF THE ASSOCIATION ASSESSMENTS ARE PAID QUARTERLY, THIS AUTO DEBIT WILL APPEAR ON MY BANK STATEMENT BETWEEN THE 5TH AND 10TH WORKING DAY, IN THE FIRST MONTH OF THE QUARTER. IN ADDITION, I UNDERSTAND THIS AUTO DEBIT WILL REMAIN IN EFFECT UNTIL I PROVIDE A WRITTEN CANCELLATION NOTICE. I ALSO GIVE THE ASSOCIATION AUTHORITY TO INCREASE THE ABOVE MENTIONED AUTO DEBIT ACCORDINGLY, AS THE ASSOCIATION MAINTENANCE FEES ARE INCREASED.

PLEASE ALLOW AT LEAST 30 WORKING DAYS FOR PROCESSING

SIGNATURE _____

PRINTED NAME _____

DATE _____

Please Return This Completed Form To: **ATTN: AUTO DEBIT DEPARTMENT
4131 GUNN HIGHWAY
TAMPA, FLORIDA 33618**

**(813) 600-1100
Fax: (813) 963-1326**