

**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
 3. If the 5th 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
 5. If you would like your Special Assessment set up on auto-debit, please contact:
- _____

NAME: _____

Ph. No. () _____

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) 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. The Board must approve increases/decreases to owner's fees. 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 Bay Cities 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 ____/____/____