

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

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, 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 Centennial 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** ____/____/____