

Fax to 954-475-1897

Or email to

[customerservice@homeownercpa.solutions](mailto:customerservice@homeownercpa.solutions)

Tel: 954.577.9700

Toll: 800.688.0771

Fax: 954.475.1897

## 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 **5<sup>th</sup>** and the **10<sup>th</sup>** day of each month, if a monthly assessment, or between the **5<sup>th</sup>** and **10<sup>th</sup>** 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: \_\_\_\_\_

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 or for secured delivery Fax to 954-475-1897