

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

Assessment Amount: _____

You will be sent a letter confirming the month EFT will start.

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

Signature: _____

Date: _____