
(association name)
*c/o Myers, Brettholtz & Company, PA
12671 Whitehall Drive
Fort Myers FL 33907
239.939.5775*

ASSOCIATION ACH PAYMENT AUTHORIZATION

For US accounts only.

First Time Setup

Change of banking information

Unit Owner Name: _____

Account No: _____ Property Address: _____

Bank Name: _____ Bank Routing Number: _____

Bank Account Number: _____ Checking Savings

Name on Account: _____

Variable Amount Direct Payment Program:

The amount due for my Association dues will be deducted **approximately 3 days** after the due date. If the 3rd day falls on a weekend or holiday, the debit is processed the next business day.

The amount due may vary based on the approved Association payment amount owed. Special assessments and other amounts that may be due on my account may require additional authorization and cannot be assumed to be automatic.

I (we) hereby authorize (name) _____ **Association Inc.**, hereinafter called COMPANY, to initiate electronic debit entries to my (our) account at the Financial Institution indicated above, and if necessary credit my (our) account to correct erroneous debits. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. Law. This authorization will remain in full force and effect until I (we) notify Company within 10 business days of our intent to either discontinue service or change my Bank Name or Bank Account Number. I (we) acknowledge that we are the account holders of record at the Bank provided in this authorization. Authorization forms must be received by the 15 day of the current month in order to be in effect for the next month's payment.

Authorized Signatures:

Printed Name: _____

Signature: _____

Date: _____

Printed Name: _____

Signature: _____

Date: _____

Submit form with a voided check for the account being debited.

Scanned copies may be received via fax at 239.939.3032 or email to bookkeeping@mbcopa.com