

AUTO DEBIT CANCELLATION FORM

Condominium Associates

USE THIS FORM TO CANCEL THE AUTO DEBIT FOR YOUR ASSOCIATION FEES

How do I let you know if I need to cancel my auto debit?

Step 1 Fill in the required information below and return this form to:

Condominium Associates
Attn: ACH Processing
3001 Executive Dr. Suite 260
Clearwater, FL 33762
Fax: (727) 573-8549
Email to: AR@condominiumassociates.com

How do I confirm that you received these instructions?

Step 1 Please let us know how you would like to be notified:

Mail a copy of this processed form back to me at the address below.

Email me at: _____

What other information do I need to know?

- Item 1 The completed form must be received by the 25th of the month prior to the payment due date in order for the ACH to be cancelled for the next regularly scheduled payment. If the 25th falls on a holiday or weekend, the form must be received by the last business day prior to the 25th.
- Item 2 A separate cancellation form must be completed for each property/unit payment obligation.
- Item 3 This auto debit will continue until you provide written instructions to cancel.
- Item 4 If your ACH is rejected or returned you will be notified and your account may incur late fees.

PLEASE COMPLETE INFORMATION BELOW TO CANCEL AUTO DEBIT

Association Name: _____

Unit/Account: _____

Terminate my ACH effective: _____

Payment Amount: _____

Name: _____ Phone: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

Date

Signature of Authorized Signer on Bank Account That is Debited

Date

Signature of Authorized Signer on Bank Account That is Debited

Return this form to: CONDOMINIUM ASSOCIATES, 3001 EXECUTIVE DRIVE, SUITE 260, CLEARWATER, FL 33762
Fax this form to: (727) 573-8549
Email this form to: AR@condominiumassociates.com

QUESTIONS? Call us at 727-573-9300 or email AR@condominiumassociates.com