

**** ACH FORM ****
AUTO DEBIT
AUTHORIZATION
 Condominium Associates and
 Precedent Hospitality & Property Management

**USE THIS FORM TO AUTHORIZE A RECURRING ELECTRONIC
 PAYMENT FROM YOUR BANK ACCOUNT**

How do I sign up for this service?

- Step 1 Fill in the required information below and return this form to:
**Condominium Associates and/or
 Precedent Hospitality & Property Management
 Attn: ACH Processing
 3001 Executive Dr. Suite 260 Clearwater, FL 33762
 Fax: (727) 573-8549
 Or Email to AR@condominiumassociates.com**
- Step 2 Include a void check (or deposit slip for a savings account) with this form so that account numbers can be verified.

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 debited on the next regularly scheduled date. 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 Your account will be automatically debited on the 3rd day of the month that the payment is due. If the 3rd is on a weekend or holiday your account will be debited on the next business day.
- Item 3 By submitting this form you authorize your association to initiate the ACH debit for the property/unit listed below.
- Item 4 A separate enrollment form must be completed for each property/unit payment obligation.
- Item 5 This auto debit will continue until you provide written instructions to cancel.
- Item 6 If your ACH is rejected or returned you will be notified and your account may incur late fees.
- Item 7 Bank account to be debited must be within the US territorial jurisdiction and the funds must be payable in US dollars.

PLEASE COMPLETE INFORMATION BELOW & INCLUDE VOIDED CHECK COPY

Association Name: _____ Unit/Account: _____

Auto Pay Start Date: Month _____ Year _____

Name: _____ Phone: _____

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

Financial Institution: _____

Bank Routing No. (9 digits) _____ Bank Account No. _____

Is this a checking account ____ (yes/no) or a savings account ____ (yes/no)? Is this within US territorial jurisdiction ____ (yes/no)?

By signing this authorization, you agree to the following: I am authorized to initiate transactions for the checking or savings account I have provided. I hereby authorize the above named association to debit my checking or savings account to collect my association payments. I hereby authorize Popular Association Banking to process electronic transfers by ACH debit entries to the account referenced above for the purpose of making these payments.

Date Signature

Date Signature

