

MAINTENANCE FEE AUTO DEBIT AUTHORIZATION

ASSOCIATION NAME: _____

NAME: _____ PHONE: _____

EMAIL ADDRESS: _____

PROPERTY ADDRESS: _____

PAYMENT FREQUENCY (Circle) Monthly / Quarterly /SEMI

ANNUAL START MONTH: _____

NAME OF BANK: _____

ABA / ROUTING # _____

ACCOUNT # _____ (VOIDED CHECK ATTACHED)

I HAVE INCLUDED A BLANK VOIDED CHECK AND AT THIS MOMENT AUTHORIZE MY FINANCIAL INSTITUTION TO DEBIT MY ACCOUNT IN THE NAME OF MY HOMEOWNERS ASSOCIATION. I UNDERSTAND THIS DEBIT WILL APPEAR ON MY BANK STATEMENT UNDER THE DESCRIPTION OF THE ASSOCIATION LOCKBOX. I ALSO REALIZE THE AUTO DEBIT WILL APPEAR ON MY BANK STATEMENT ON THE **1st OF THE MONTH.**

***TO ENROLL IN ACH, YOUR BEGINNING BALANCE MUST BE PAID IN FULL, AND YOUR ACCOUNT MUST HAVE A ZERO BALANCE. PLEASE NOTE THAT THE PROCESSING OF YOUR REQUEST WILL TAKE UP TO 15 DAYS. IF YOU ARE SUBMITTING THIS REQUEST FEWER THAN 15 DAYS BEFORE YOUR PAYMENT DUE DATE, YOU WILL NEED TO SELECT AN ALTERNATIVE PAYMENT METHOD FOR THE UPCOMING PAYMENT.**

FURTHERMORE, I UNDERSTAND THAT THIS AUTO DEBIT WILL REMAIN IN EFFECT UNTIL I NOTIFY MY ASSOCIATION IN WRITING AT LEAST 30 DAYS PRIOR TO CANCELING THE AUTO DEBIT. I ALSO AUTHORIZE THE ASSOCIATION TO ADJUST THE AUTO DEBIT AMOUNT IN ACCORDANCE WITH MAINTENANCE FEE INCREASES APPROVED IN THE BUDGET OR ANY SPECIAL ASSESSMENTS THAT ARE LEVIED.

SIGNATURE: _____

DATE: _____

PLEASE RETURN COMPLETE FORM ALONG WITH A VOIDED CHECK TO:

**GRANT PROPERTY MANAGEMENT
7124 NORTH NOB HIL ROAD
TAMARAC, FL 33321**

ARBROWARD@GRANTMGMT.COM

(954) 718-9903