



Castle Management, LLC.

**“AUTO PAY” AUTHORIZATION
Maintenance Fees**

In order to have the Auto-pay program begin automatically deducting maintenance fees from your checking account, please clearly fill out the information below.

Please complete each and every item below:

ASSOCIATION NAME: Lauderdale West Community Association No. 1, Inc.

UNIT OWNER NAME: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

CONTACT NUMBER(S): _____

EMAIL ADDRESS: _____

MONTH START DATE: _____

MAINTENANCE FEE FREQUENCY: ☒ Month ☐ Quarterly ☐ Annually ☐ Semi Annual

NAME OF YOUR BANK _____

ACCOUNT # _____ ROUTING # _____

I HEREBY AUTHORIZE MY FINANCIAL INSTITUTION TO DEBIT/CHARGE MY ACCOUNT IN THE NAME OF MY HOMEOWNERS/CONDOMINIUM ASSOCIATION. I grant the Association the right and authority to amend the auto debit as maintenance fees are amended by the Board of Directors.

I UNDERSTAND THAT:

1. Notification of auto-pay confirmation will be sent by email.
2. That the debit/charge will occur between the 5th and 10th working day after the assessment is due.

The auto debit will remain in effect until I notify my association in writing 30 days prior to can cancel the auto debit.

SIGNATURE: _____ **DATE:** _____