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 Plantation, FL 33324
 Tel: 954.577.9700
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Maintenance Fee Auto Debit Authorization

Association Name: Lauderdale West

Name on Deed: _____

Property Address: _____

Mailing Address: _____

Name of Bank : _____

(US Bank Only)

Name on Bank Account: _____

Home Phone: _____

Daytime Phone: _____

Email Address: _____

I have included a **Blank Voided Check** and hereby authorize my financial institution to debit my account in the name of my Condominium or Homeowners Association. I understand the debit will appear on my bank statement under the description of **“Association Lock Box.”** between the 5th and the 10th day of each month, if a monthly assessment, or between the 5th and 10th day of the first month of the quarter, if quarterly assessment. In addition, **I understand this auto debit will continue until I notify my association in writing 30 days prior to canceling or changing the bank account used for the auto debit.** I also give the association authority to change the auto debit, as maintenance fees are changed by the Board of Directors, in future years.

PLEASE ATTACH A BLANK VOIDED CHECK TO THIS FORM

Return this form by the 21st of the month PRIOR to start month.

Start Month & Year: _____

Assessment Frequency: ___ Monthly

Assessment Amount: _____

You will be sent a letter confirming the month EFT will start.

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

Signature: _____

Date: _____