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**Maintenance Fee Auto Debit Authorization**

Association Name: \_\_\_\_\_  
 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 **5<sup>th</sup>** and the **10<sup>th</sup>** day of each month, if a monthly assessment, or between the **5<sup>th</sup>** and **10<sup>th</sup>** day of the first month of the quarter, if a 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  
 Maintenance Fee: \$ \_\_\_\_\_ Special Assessment: \$ \_\_\_\_\_ Other \$ \_\_\_\_\_  
 Describe: \_\_\_\_\_  
 You will be sent a letter confirming the month EFT will start.

**ACCOUNT MUST BE CURRENT PRIOR TO START MONTH**



Initial box

I authorize a one-time payment in the amount of \$ \_\_\_\_\_ to bring my account current as of \_\_\_\_\_ (Date)

**PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You may email this form to [customerservice@homeownercpa.solutions](mailto:customerservice@homeownercpa.solutions) or for secured delivery Fax to 954-475-1897