

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

Please return completed form via e-mail to:
ACH@miamimanagement.com

ADD

CHANGE

DELETE

Home Owner: _____

Acct #: _____

YOUR ACCOUNT MUST HAVE A ZERO BALANCE AT THE TIME OF ENROLLMENT

I hereby authorize **Grand Palms Community Assoc Inc**, hereinafter called the Association, to automatically debit my bank account for my maintenance payments on or around the **4th** day of each **Month**. The amount I am debited will adjust automatically should the Association make any future budget changes.

Bank Name: _____ Effective Month: _____

Routing Number: _____ Account Number: _____

SCHEDULED CHARGES	
--------------------------	--

Assessment	\$ _____
-------------------	----------

Special Assessment	\$ _____
---------------------------	----------

This authorization will remain active until the Association receives written notification from you requesting termination of auto pay. Notification must be received by our office before the cut-off date listed below.

Signature: _____

Date: _____

E-Mail: _____

Phone: _____

If possible, please attach a copy of a voided check in order to verify the bank account information provided. Returned or rejected ACH transactions are subject to late fees, return charges, and/or removal from the program. The cut-off date for new enrollments, changes, and cancellations is the 25th of every month.

<u>VOIDED CHECK</u>
