

USE THIS FORM TO CHANGE THE AUTO DEBIT FOR YOUR ASSOCIATION FEES

How do I let you know if I need to make a change to my auto debit?

Step 1 Fill in the required information below and return this form to:

Condominium Associates Attn: ACH Processing 3001 Executive Dr. Suite 260 Clearwater, FL 33762 Fax: (727) 573-8549

Email to: AR@condominiumassociates.com

How do I confirm that you received these instructions?						
Step 1	Please let us know how you would like to be notified:					
	Mail a copy of this processed form back to me at the address below.					
	Email me at:					
What other information do I need to know?						
Item 1	The completed form must be received by the 25th of the month prior to the payment due date in order for the ACH to be changed for the next regularly scheduled payment. If the 25th falls on a holiday or weekend, the form must be received by the last business day prior to the 25th.					
Item 2	A separate change form must be completed for each property/unit payment obligation.					
Item 3	Attach a copy of a voided check or savings account deposit slip for the new account.					
Item 4	If your ACH is rejected or returned you will be notified and your account may incur late fees.					
Item 5	New financial agency must be within the U.S. territorial jurisdiction.					

PLEASE COMPLETE INFORMATION BELOW TO CHANGE YOUR AUTO DEBIT

Association Name:		Ur	Unit/Account:		
Month Change is to be Effe	ective:	Payment Amount:			
Name:		Phone:		_	
Street Address:		City:	State: ZIP:	-	
CHANGE FROM:		CHANGE TO:	CHANGE TO:		
Account Type:Checking or Savings		Account Type	e:		
		Checking or Savings			
Bank Routing number:		Bank Routing	Bank Routing number:		
Account Number:		Account Number:			
Dete	Circohura of Authori	and Cinner on Doub. Account That is	Dahitad		
Date	Signature of Authori	zed Signer on Bank Account That is	Debited		
Date	Signature of Authorized Signer on Bank Account That is Debited				

Return this form to: CONDOMINIUM ASSOCIATES, 3001 EXECUTIVE DRIVE, SUITE 260, CLEARWATER, FL 33762

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