



DIRECT DEBIT AUTHORIZATION

If you would like your Association payments to be automatically deducted from your bank account please provide the details below.

Association Name:

Name on Deed:

Florida Property Address:

Month to Start Debit:

Name of Bank:

Routing Number _____

Account Number _____

Checking or Savings (Circle One)

I have included a blank voided check or provided the savings account information and hereby authorize my financial institution to debit my account in the name of my Community Association. I understand this debit will appear on my bank statement under the description of the Association Lock Box. I also realize the auto debit will appear on my bank statement between the 1st and 10th working day of the due month. In addition, I understand this auto debit will remain until I notify my association in writing 30 days prior to canceling the auto debit. I also give the Association authority to increase the auto debit as Assessment fees are increased by the Board of Directors or make any correction that needs to be made in the event there was an error.

Signature _____ Date _____

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