

## **WE NEED YOUR HELP**

In order to update our records, we need you to fill out this form with your mailing address and return it in the enclosed return envelope. In any event, you are ultimately responsible for making arrangements with the Post Office to have your correspondence forwarded, i.e. Newsletter, Coupons, and Special Assessments, etc. We cannot control if the mail is lost or not delivered for any reason. Remember, according to your Association documents, you are responsible for the payment of your assessment dues regardless of receiving a notice.

ASSOCIATION NAME: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ UNIT # \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBERS: (H) \_\_\_\_\_ (CELL) \_\_\_\_\_

**PLEASE CHECK ONE OF THE FOLLOWING:**

- I want my account to be debited for my Association Assessment. **(Must be a USA Bank Account)**
- I want to choose coupons for my Association Assessment.

*If you choose Direct Debiting, it is mandatory that you fill out the information below.*

### **MAINTENANCE FEE AUTO DEBIT AUTHORIZATION**

BANK NAME: \_\_\_\_\_

MAINTENANCE FEE ACCOUNT# \_\_\_\_\_ MONTH START DATE: \_\_\_\_\_

NAMES ON BANK ACCOUNT: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ ROUTING NUMBER \_\_\_\_\_

**(Please include a voided check)**

**I have included a blank voided check** and hereby authorize my financial institution to debit my account in the name of my Homeowners 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 5<sup>th</sup> and the 10<sup>th</sup> working day of each month, if a Monthly Assessment / or the 5<sup>th</sup> & 10<sup>th</sup> working day of the first month of the quarter, if a Quarterly Assessment. 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 Maintenance Fees are increased by the Board of Directors.

**Please return completed form to: PMP of SW FL, 75 Vineyards Blvd. Third Floor, Naples, FL 34119**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_