

1st United Bank

Direct Debit Authorization Agreement

I (we) hereby authorize Associated Property Management and its bank, 1st United Bank, to initiate debit entries to my (our) account at the financial institution indicated below on behalf of my (our) association named below on the fifth (5th) day of each month or **quarter** (per the Association's document) in the amount of \$_____ for any association maintenance fees/dues. I understand the amount may change according to the Associations adopted annual budget.

This authorization is to remain in full force and effect until the association has received **written notification** from me of its termination. **This authorization form or the aforementioned notice of termination must be provided 14 days prior to the effective date.** I understand returned or rejected payments are subject to late fees.

HOMEOWNER INFORMATION:

NAME OF HOMEOWNER: _____

ASSOCIATION NAME: _____

2 DIGIT ASSOCIATION NUMBER: _____

HOME OWNER ACCOUNT NUMBER: _____

BANK INFORMATION:

BANK NAME : _____

TRANSIT/ABA # (9 DIGIT ROUTING #): _____

ACCOUNT #: _____

AUTOMATIC DEBIT START DATE: _____

CIRCLE ONE: CHECKING/ SAVINGS

**** Please attach copy of voided check *****

Signer X

Date:

Please mail this form to:

Associated Property Management
1928 Lake Worth Road
Lake Worth, Florida 33461