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FirstService
RESIDENTIAL

AUTHORIZATION FOR AUTOMATIC PAYMENTS

THIS WILL AUTHORIZE **CENTERSTATE BANK** TO PREPARE AN AUTOMATIC CLEARING HOUSE (ACH) DEBIT IN THE AMOUNT OF THE CURRENT YEAR APPROVED BUDGET QUARTERLY AMOUNT TO PROCESS AGAINST MY ACCOUNT ON OR ABOUT THE 1st OF EACH MONTH. THE FIRST ACH DEBIT SHOULD OCCUR IN _____, 20__ AND QUARTERLY THEREAFTER UNTIL THIS AUTHORIZATION IS CANCELLED BY ME IN WRITING. THE ACH DEBIT SHOULD BE CHARGED TO MY ACCOUNT AT:

BANK NAME: _____

BANK ROUTING NUMBER: _____
(First set of digits printed on the bottom of check)

BANK ACCOUNT NUMBER: _____
(Second set of digits printed on the bottom of check)

PLEASE ATTACH A VOIDED CHECK

NOTE: If this is a replacement form for an active ACH, you do not need to resubmit a voided check unless you have changed your account or your bank information has changed. It is necessary to complete all other information requested to avoid a delay in processing.

SIGNATURE

DATE

SIGNATURE

DATE

ASSOCIATION NAME: _____

UNIT ADDRESS: _____

ACCT #: _____

PRINT NAME: _____

PHONE #: _____

UPON COMPLETION PLEASE RETURN TO FIRSTSERVICE RESIDENTIAL AT THE ABOVE ADDRESS. DO NOT FORWARD TO CENTERSTATE BANK.