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NOTICE OF CANCELLATIONS OF AUTOMATIC PAYMENTS

THIS WILL AUTHORIZE **CENTERSTATE BANK** TO DISCONTINUE BY AUTOMATIC CLEARING HOUSE (ACH) DEBIT IN THE AMOUNT OF \$_____. I NO LONGER WISH TO HAVE MY MONTHLY PAYMENTS PROCESSES AGAINST MY ACCOUNT EFFECTIVE _____. (Enter date as to when processing is to end.)

THE FOLLOWING IS MY BANK INFORMATION IN WHICH THE ACH DEBIT IS CURRENTLY BEING CHARGED:

BANK NAME: _____

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

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

ASSOCIATION'S NAME: _____

SIGNATURE DATE

SIGNATURE DATE

BUILDING#: _____ UNIT#: _____ ACCOUNT#: _____

PRINT NAME: _____ PHONE NUMBER: _____

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