

**“AUTO PAY” AUTHORIZATION
MAINTENANCE FEES & SPECIAL ASSESSMENTS**

In order to have the Autopay program begin automatically deducting maintenance fees and Special Assessments from your checking account, please fill out the information below and attach a blank check marked “void”. If your Association pays a sub-association as well as a master association, you will need to complete two separate applications.

Please complete each and every item below and return form(s) with an original voided check to:

**Castle Management, Inc.
PO Box 559009
Ft. Lauderdale, FL 33355-9009**



ASSOCIATION NAME: The Meadows Maintenance Association, Inc.

UNIT OWNER NAME: _____ ACCT. NO. _____ PROPERTY

ADDRESS: _____

CONTACT NUMBER (S) _____

EMAIL ADDRESS: _____

MONTH START DATE: _____

(Allow 30 days from the date mailed. AUTOPAY will not start until notification has been return mailed to you.)

ASSESSMENT FREQUENCY: _____ Monthly Quarterly

CURRENT MAINTENANCE ASSESSMENT AMOUNT: **\$325.00 (Budget year 2009)**

SPECIAL ASSESSMENT AMOUNT (If applicable): \$ _____

NAME OF YOUR BANK: _____

NAME ON BANK ACCOUNT: _____

I HAVE INCLUDED A BLANK, VOIDED CHECK _____ (← Initial here) Form will be incomplete without your initials.

1) I HEREBY AUTHORIZE MY FINANCIAL INSTITUTION TO DEBIT MY ACCOUNT IN THE NAME OF MY HOMEOWNERS/CONDOMINIUM ASSOCIATION.

2) . I grant the association the right and authority to amend the auto debit as maintenance fees are amended or Special Assessments are ratified by the Board of Directors.

I UNDERSTAND THAT:

1. Notification of Autopay activation date will be mailed to you. **Until your notification has been received, monthly payments must continue to be mailed to: Banco Popular, PO Box 169010, Miami, FL 331169010. Please remit any outstanding balance on your account when notified.**
2. This debit will appear on my bank statement under the description of association lock box.
3. That the debit will appear on my bank statement between the 5th and 10th day of each month if a monthly assessment, or the 5th and 10th day of the first month or the quarter, if a quarterly assessment.

The auto debit will remain in effect until I notify my association in writing 30 days prior to canceling the auto debit

SIGNATURE: _____ DATE: _____