

**“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: \_\_\_\_\_

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: \$ \_\_\_\_\_

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 5<sup>th</sup> and 10<sup>th</sup> day of each month if a monthly assessment, or the 5<sup>th</sup> and 10<sup>th</sup> 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:** \_\_\_\_\_