

DIRECT DEBIT FORM

Enter your community name here: _____

For those co-owners who are interested in automatic electronic transfer of your Association dues, we require a voided check from your checking account, along with the coupon at the bottom of this correspondence, in order to properly implement the same.

You will be notified of the month the direct debit will begin for your account, upon receipt of this completed form.

Thank you.

Yes, please add my unit to the electronic transfer list and find enclosed a voided check from the account in which funds should be extracted.

Name: _____

Address: _____

Unit #: _____

Phone #: _____

Your Monthly Dues Amount: _____