



Castle Management, LLC.
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“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 is a sub-association belonging to 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:

ASSOCIATION NAME: _____

UNIT OWNER NAME: _____

PROPERTY ADDRESS: _____

CONTACT NUMBER (S) _____

EMAIL ADDRESS: _____

MONTH START DATE: _____

(Allow 30 days from the date mailed. Please calculate your start date accordingly.)

ASSESSMENT FREQUENCY: _____ Monthly _____ Quarterly _____ Annually _____ Semi-Annually

NAME OF YOUR BANK: _____

NAME ON BANK ACCOUNT: _____

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

I HEREBY AUTHORIZE MY FINANCIAL INSTITUTION TO DEBIT MY ACCOUNT IN THE NAME OF MY HOMEOWNERS/CONDOMINIUM ASSOCIATION. 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 confirmation will be sent by e-mail or letter.
2. **Until I have confirmed the actual start date with the Autopay Department; payments for all assessments must continue to be mailed to: Banco Popular, PO Box 169010, Miami, FL 33116-9010.**
3. This debit will appear on my bank statement under the description of association “direct debit”, and
4. That the debit will appear on my bank statement between the 5th and 10th working day after the assessment is due.

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

SIGNATURE: _____ DATE: _____