

PROPERTY ADDRESS



## **AUTO-PAY PROGRAM**

autopay@sentrymgt.com

2180 West SR 434 Ste 5000 • Longwood FL 32779 Phone: 407-788-6700/800-932-6636 Ext 42500 • Fax: 407-788-7488

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This form is used to begin, change or cancel your Auto-Pay Authorization. Auto-Pay is a convenient method for property owners to remit payments to their association. There is no charge to the property owner for Auto-Pay, however, your account must be current to register. All regular and special assessments will be automatically debited from your checking or savings account. If the association charges additional fees, on a regular basis, such as cable, parking, etc. this amount is also debited. Each year, as the association approves its budget, the correct assessments are automatically debited. If the fee increases, the amount withdrawn will increase. If the fee decreases, the amount withdrawn will decrease.

In order to initiate, change or cancel Auto-Pay, we must receive Section "A" (to begin or change), by the **15**<sup>th</sup> of the month and Section "B" (to cancel) by the 25<sup>th</sup> of the month, in order to be effective the following month. **Your specified account will be debited on the third (3<sup>rd</sup>) day of the association's billing cycle** (i.e. monthly, quarterly or semi-annually). Auto-Pay is not available for annual or one-time assessments. We will notify you by mail when your service has been activated. Please continue to remit payment until you have received confirmation.

You may mail, fax, or email your completed form. If you have any questions, please contact our Central Office or email <a href="mailto:autopay@sentrymgt.com">autopay@sentrymgt.com</a>.

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/ / \			ACCOUNTING USE ONLY		
☐ INITIAL AUTHORIZATION	ASSN ACCT NO	OWNER ACCT	NO (16 DIGI	TS)	
CHANGE OF BANK					
Initial authorization, or changes, must be <b>received</b> by	the <b>15<sup>th</sup> day of the curre</b>	ent month in order to be ef	fective the	following month	
I (we) hereby authorize			, he	ereinafter called	
ASSOCIATION to initiate debit entries to my bank a					
DEPOSITORY, to debit the same to such account.					
which your payment(s) should be deducted.	•	_		J	
NAMEYOUR FINANCIAL INSTITUT	701	BANK PHONE (	)		
CITY					
		A1L	211		
☐ CHECKING ☐ SAVINGS  ROUTING TRANSIT NUMBE	ER (Call your financial institution) (ACCOUNT NUMBER)				
reasonable opportunity to act on it.					
NAME (please print)		PHONE (	)		
SIGNATURE		DATE			
SIGNATURE	DED CHECK (FOR CHECK)	DATE	/ 	/	
SIGNATURE PROPERTY ADDRESS PLEASE INCLUDE A VOID OR SAVINGS ACCOUNT DEPOSIT SLIP AUTHORIZATION TO CANCEL	DED CHECK (FOR CHECK OFOR SAVINGS ACCOU	DATE	ON) ER TO PRO	/	
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