



Association Auto Debit (ACH) Authorization Form

Use this form to Create a "Preauthorized Electronic Payment" for an Association Assessment.

- A separate enrollment form must be completed for each property/unit payment obligation.
- Completed "Auto Debit (ACH) Authorization Form" must be received by the 20th of the month prior to your next payment due date, to take effect. If the 20th is on a weekend or a holiday, RPM must receive this form by the last business day prior to the 20th.
- By submitting this form, you authorized RPM to initiate the ACH debit authorization for the below property/unit owner.
- Mail completed Association Auto Debit Authorization form and a void check (deposit slip for savings) to:

**Resource Property Management, Inc.
7300 Park Street
Seminole, FL 33777**

- If your payment debit date is on a weekend or holiday, your payment will be debited the next business day.
- All questions regarding your association or payments should be directed to Resource Property Management, Inc. at (727) 581-2662.

Association Name: _____

Frequency: Monthly Quarterly Semi-Annually Annually

ACH Debit Date: 3rd

Association Account Number: _____

Unit Owner Name: _____

Routing/Transit Number: _____

- Account Type: Checking Savings

Banking Account Number: _____

Assessment Amount \$: _____ Start Date: _____

Be sure to include a void check (or deposit slip for savings) from your designated debit account.

Authorizing Signature

Date

By signing this authorization, I agree to the following: I hereby authorize RPM to initiate entries to my checking or savings account at the U.S. Financial Institution indicated above for the purpose of making Association Assessment Payments, to include all future amount changes. I also authorize RPM to withdraw these payments from my account. RPM is authorized to accept, from the Association, updates to the debit amount, the account information or the cancellation of this debit. I understand that these debits will continue unless notification is received by RPM in writing of its termination. Authorization must be received by the 20th of the month prior to next payment date to take effect.



NEW ADDRESS UPDATE/ CHANGE REQUEST

Please Print Legibly

Name of Community _____

Owner's Name(s) _____

Unit/Lot Number _____

New Mailing Address _____

Alternate Mailing Address _____

Unit Phone _____

Alternate Phone _____

Cell Phone _____

Requested By: _____ Date: _____

Accredited Association Management Co. (AAMC) - Website-www.resourcepropertymgmt.com

*5901 Sun Blvd., Suite 103
St. Petersburg, FL 33715
727-864-0004
Fax: 727-866-7002*

*28100 US Hwy 19 North, Suite 205
Clearwater, FL 33761
727-796-5900
Fax: 727-796-5011*

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Seminole, FL 33777
727-581-2662
Fax: 727-584-2118*