

The Vanguard Management Group, LLC.
10500 University Center Dr. Suite # 190 Tampa, FL. 33612

ASSOCIATION PAY DEBIT AUTHORIZATION

Mail this completed form with your voided check or a copy of your banks ACH instructions to:

The Vanguard Management Group
10500 University Center Dr. Suite # 190
Tampa, FL. 33612.
email to: **AR@Vanguardmanagementgroup.com** or Fax to: (813) 993-0142

Association Name: _____

Unit / Account # _____

Owner Name: _____

Home Phone: _____ Mobile Phone _____

Owner Email: _____

Association unit property address: _____

Owner Mailing Address: _____

City: _____ State: _____ Zip _____

FINANCIAL INSTITUTION NAME: _____

ACCOUNT # _____ ROUTING #: _____

☐ Checking ☐ Savings

I/We hereby authorize The Vanguard Management Group on behalf of the association named above to initiate entries to my/our checking or savings account at the financial institution indicated for the purpose of making my/our association payments, to include all future amount changes. I/we also authorize the financial institution to withdraw these payments on or after the 3rd day of each month the assessment is due from my/our account. I/we understand that this transfer of funds will continue until The Vanguard Management Group receives written notification 15 days before the next transfer effective date. The Vanguard Management Group on behalf of the association may initiate changes in amounts, account information or cancel this authorization. **ACH Request must be received by the 15th of the month to take effect for the following month. Vanguard will process a penny test upon receipt to verify the account is active and accurate.**

SIGNED: _____ DATE ____/____/____