

West Broward Community Management, Inc.
820 South State Rd. 7
Plantation, FL 33317-4551
Phone Number: 954-581-8686 – Fax: 954-581-8438

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

Home/Unit Owner Name: _____

Unit # or ID # _____

I hereby authorize _____
Hereinafter called the ASSOCIATION, to initialize entries to my (our) account indicated below at the DEPOSITORY, to debit the same to such account. This will include all future amount changes by the ASSOCIATION. Please do not authorize West Broward Community Management – please put the name of your association.

Home/Unit Owner's Bank Name: _____

Bank Address: _____

Routing Number or ABA Number: _____

Account Number: _____

Checking

Amount of Dues or Payment: \$ _____

Start Date Due & Term: _____

Every Month/Quarter

This authorization is to remain in full force and effect until the ASSOCIATION has received written notification from me (or either of us) of its termination in such time and in such a manner as to afford the ASSOCIATION and ITS BANK a reasonable opportunity to act on it.

Signature of Homeowner

Date

Signature of Homeowner

Date

ATTENTION: YOU MUST PROVIDE A COPY OF A VOIDED CHECK IN ORDER TO VERIFY BANK INFORMATION. RETURNED OR REJECTED ACH'S (AUTO-PAYMENTS) ARE SUBJECT TO LATE FEES.