

Condo ACH Draft Form

Please complete each of the fields. Once you have completed the form, mail to your association's PO Box or email to condos@csbcpa.com. **We require 5 business days prior to ACH draft date to process.**

I authorize _____ (name of condo association), hereinafter called the "Association," to initiate entries to my account indicated below at the Financial Institution named below, hereinafter called "Financial Institution," to debit the same account. I acknowledge the origination of ACH transactions to my account must comply with U.S. law. **The association will only draft for recurring monthly dues as approved by the Board of Directors (including any subsequent increases as authorized by the Board of Directors). Any overpayments on your account may be applied to reduce this ACH. No ACH draft will be initiated for miscellaneous charges or special assessments.**

Owner Name: _____ Owner Unit Number: _____

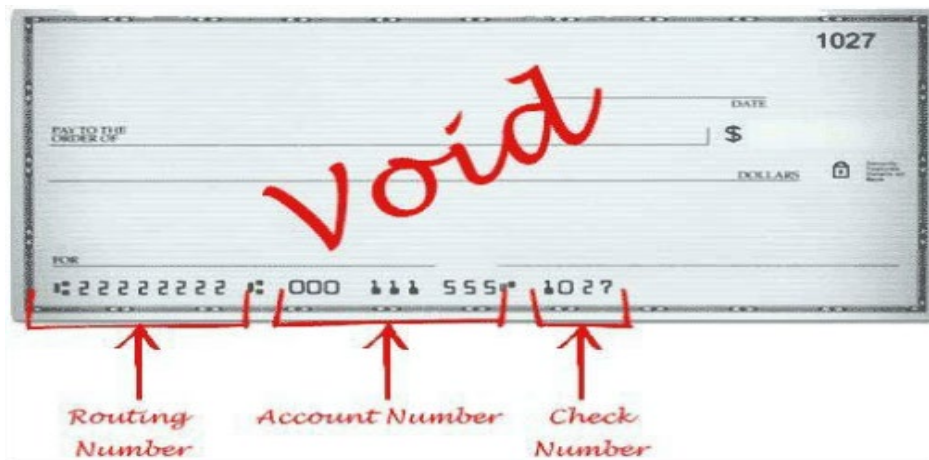
Phone number: _____ Email: _____

Financial Institution Name: _____

Financial Institution Address: _____

Routing Number (9 digits) : _____ Account Number: _____

Please provide a copy of a voided check, if one is not available or provided, we cannot guarantee accurate processing.



This authorization is to remain in full force and effect until Association has received written notification from owner of its termination in such time and manner as to afford the Association a reasonable opportunity to act on the request. Transfer of ownership does not automatically cancel this authorization, owner must provide notice of termination in writing.

Signature: _____ Date: _____