## MAINTENANCE FEE AUTO DEBIT AUTHORIZATION

Association Name: Ironwood Associa	ation
Name on Deed:	
Property Address:	
Month Start Date:	
Name of your Bank:	
Name on Bank Account:	
	(Please include a voided check)
Account# to be Charged:	
Home Phone:	Daytime Phone:

I have included a blank, voided check and hereby authorize my financial institution to debit my account in the name on my bank statement between the 5<sup>th</sup> and 10<sup>th</sup> working day of each quarter. In addition, I understand this auto debit will remain until I notify my association in writing, 30 days prior to canceling the auto debit. I also give the Association authority to increase the auto debit as maintenance fees are increased by the Board of Directors.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form with a voided check to:

Complete Property Management of SWFL 3050 North Horseshoe Drive, # 172 Naples, Fl. 34104 239-403-4006 Tel. 239-403-4008 Fax. <u>ileana@cpmswfl.com</u> <u>Kirsten@cpmswfl.com</u>