



Casey Condominium Management ASSOCIATION PAY AUTHORIZATION

Use this form to sign up for the automated way to make your association maintenance fee payments.

Features of this system are as follows:

- Payments automatically deducted from your designated bank account on the 3rd day of the month or quarter in which the payment is due. If the 3rd falls on a holiday or weekend, your payment will be deducted on the next business day.
➤ Designated bank account can be any Federal Reserve Bank member located in the United States.
➤ Forms must be received by Casey Management by the 20th of the month prior to your first payment activation. If this cannot be performed please use your coupon or invoice and a check for the first payment.

To sign up for this payment system, please complete the section below and send the original to the office with the following items:

- A voided check from your designated account
➤ The last coupon from your association coupon book(if you have been provided a coupon book).

MAIL TO: Casey Management

C/O Accounting Department
4370 S. Tamiami Trail Suite 102
Sarasota, Florida 34230-6408
Ph: 1 (941)922-3391

ASSOCIATION NAME UNIT NUMBER AMOUNT

\*\*\*I WOULD LIKE MY AUTOMATIC DEBIT TO START IN (MONTH) (YEAR)\*\*\*

I hereby authorize American Momentum to initiate debit entries to my Checking or Savings account at the financial institution indicated below for the purpose of making Association Maintenance Payments. It is understood that the amount of such debit entry is based upon information provided by the Management Company or Association and that this amount may change in accordance with new maintenance fee requirements. The Bank is not required to notify me of such change.

NAME PHONE

ADDRESS CITY STATE ZIP

FINANCIAL INSTITUTION PHONE

FINANCIAL ADDRESS CITY STATE ZIP

ACCOUNT NO. CHECKING SAVINGS BANK ROUTING NO.

This authorization is to remain in full force and effect until American Momentum Bank has received written notification or the Association account is closed. Written notification must be from the unit owner, the Management Company, or the Association and must include desired termination date. Notification must be received in such time and manner as to afford American Momentum and the Financial Institution a reasonable opportunity to act on it. NOTE: In case of revoked authorization, American Momentum Bank must receive the notification in writing no later than 15 days before the next transaction effective date.

DATE SIGNED X

FOR BANK USE ONLY:

Table with 7 columns: UNIT OWNER #, ASSOC ID #, MGT CO., AMOUNT, FREQ., DATE REC'D, 1st PMT. DATE. Includes input fields for each column.

BANK COPY