

# SOUTHWEST PROPERTY MANAGEMENT

CORPORATION

1044 CASTELLO DRIVE, SUITE #206  
NAPLES, FLORIDA 34103-1900  
(239) 261-3440 ♦ FAX: (239) 261-2013

## Maintenance Fee Electronic Payment Authorization

Association Name: \_\_\_\_\_

Name on Deed: \_\_\_\_\_

Property Address: \_\_\_\_\_

Maintenance Fee Account #: \_\_\_\_\_

Month Start Date: \_\_\_\_\_

Assessment Frequency: \_\_\_\_\_ According to your Association Documents.

Name of Bank: \_\_\_\_\_

Name(s) on Bank Account: \_\_\_\_\_

Account to be Charged:  Checking  Savings

Home Phone #: \_\_\_\_\_  
Daytime Phone #: \_\_\_\_\_

**I HAVE INCLUDED A BLANK, VOIDED CHECK** and hereby authorize my financial institution to debit my account in the name of my homeowners association. I understand this debit will appear on my bank statement under the description of "association lock box". I also realize the auto-debit will appear on my bank statement between the 5<sup>th</sup> and 10<sup>th</sup> working day of each month, if a monthly assessment or between the 5<sup>th</sup> and 10<sup>th</sup> working day of the first month of the quarter, if a quarterly assessment. In addition, I understand this auto-debit will remain until I notify my association in writing thirty (30) days prior to cancelling the auto-debit. I also give the association authority to change the auto-debit amount as maintenance fees are changed by the Board of Directors.

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

PLEASE RETURN COMPLETED FORM TO:  
Southwest Property Management Corp.  
1044 Castello Dr., Suite #206  
Naples, FL 34103-1900