Westminster Community Association c/o Myers, Brettholtz & Company, PA 12671 Whitehall Drive Fort Myers FL 33907 Fax 239.939.3032

## **Electronic Payment Authorization Form**

## Authorization Agreement

I hereby authorize Westminster Community Association to initiate debit entries to my account at the financial institution named below. Debits are processed on the 3<sup>rd</sup> of the month in which they are due. If the 3<sup>rd</sup> falls on a weekend or holiday, the debit is processed the next business day.

Further, I agree not to hold Westminster responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution.

This agreement will remain in effect until Westminster Community Association receives written notification of cancellation from me at the address noted below. The notice of cancellation must be received in such time and in such manner as to allow sufficient time for processing.

Is the account that is being debited for your homeowner payment funded electronically by a financial agency outside of the U.S. territorial jurisdiction? \_\_\_\_\_yes \_\_\_\_\_no.

		Account	Information			
Name of Fin Institution:	ancial			Start Date:		
Routing Number:				Account Type:		
Account Nur	mber:			Checking	Savings	
		Owner	Information			
Customer Signature:				Date:		
Property Ad	dress					
Please atta	ch a voided che	eck and return this form	to the following addres	ss:		
Address:						
	Scanned copies may be received via fax at 239.939.3032 or email to <u>natalie.gatchel@mbcopa.com</u> Please remember to include a scanned copy of a voided check					
		JEFFREY MAPLE SUZANNE MAPLE 123 Pear Lane Anyplace, VA 20000 PAY TO THE ORDER OF ANYPLACE BANK Anyplace, VA 20000 For I :(250250025) :(202020 - , 85)	Account number Do not the check	1234 15-0000000 LLLARS t include k number.		

Note. The routing and account numbers may be in different places on your check.