

## **COMMUNITY SERVICE FEE AUTO DEBIT AUTHORIZATION**

ASSOCIATION NAME: Candler Hills Neighborhood Association, Inc.

NAME(S) ON DEED: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

COMMUNITY SERVICE FEE ACCOUNT NUMBER: \_\_\_\_\_

MONTH DEBIT TO BEGIN: \_\_\_\_\_

CURRENT FEE AMOUNT: \$ \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_

NAME(S) ON BANK ACCOUNT: \_\_\_\_\_

ACCOUNT TO BE DEBITED: \_\_\_\_\_ CHECKING \_\_\_\_\_ SAVINGS (please check one)

(For checking accounts, attach a voided check or a copy of your bank notification letter which includes your account number. For savings accounts, attach a voided check (deposit slip is not acceptable.)

I have included my bank account information and hereby authorize my financial institution to debit my account for payment of my community service fees (CSF) due to my Homeowners Association. The auto debit will appear on my bank statement between the 5<sup>th</sup> and the 10<sup>th</sup> working day of each month under the description of "Management Enter Debits" and may be followed by your CSF account number, as an example, "CH-E00 0116 01". I understand this auto debit will remain in place until I notify my Homeowners Association in writing 30 days prior of new checking or savings account information in which to debit. I also give the Association authority to increase/decrease the auto debit as the Board of Directors increases/decreases community service fees.

SIGNATURE: \_\_\_\_\_

(Only one signature required)

DATE: \_\_\_\_\_

PLEASE RETURN COMPLETED FORM

**If by U.S. Mail to:**

Management Enterprises, Inc.  
P O Box 771029  
Ocala, FL 34477-1029

**If in person to:**

Customer Service Department  
9850 SW 84<sup>th</sup> Court, Suite 200, or  
Accounting Building, Attn: Yvette  
8445 SW 80<sup>th</sup> Street

Please contact Management Enterprises, Inc. at 352-873-6046 if you require assistance in completing this form.