

AUTO-PAY PROGRAM

2180 West SR 434 Ste 5000 • Longwood FL 32779
Phone: 407-788-6700/800-932-6636 Ext 42500 • Fax: 407-788-7488

autopay@sentrymgt.com

This form is used to begin, change or cancel your Auto-Pay Authorization. Auto-Pay is a convenient method for property owners to remit payments to their association. There is no charge to the property owner for Auto-Pay, however, your account must be current to register. All regular and special assessments will be automatically debited from your checking or savings account. If the association charges additional fees, on a regular basis, such as cable, parking, etc. this amount is also debited. Each year, as the association approves its budget, the correct assessments are automatically debited. If the fee increases, the amount withdrawn will increase. If the fee decreases, the amount withdrawn will decrease.

In order to initiate, change or cancel Auto-Pay, we must receive Section "A" (to begin or change), by the 15th of the month and Section "B" (to cancel) by the 25th of the month, in order to be effective the following month. **Your specified account will be debited on the third (3rd) day of the association's billing cycle** (i.e. monthly, quarterly or semi-annually). Auto-Pay is not available for annual or one-time assessments. We will notify you by mail when your service has been activated. Please continue to remit payment until you have received confirmation.

You may mail, fax, or email your completed form. **If you have any questions, please contact our Central Office or email autopay@sentrymgt.com.**



AUTO-PAY PROGRAM

- INITIAL AUTHORIZATION
 CHANGE OF BANK

FOR ACCOUNTING USE ONLY	
ASSN ACCT NO _____	OWNER ACCT NO (16 DIGITS) _____

Initial authorization, or changes, must be received by the 15th day of the current month in order to be effective the following month.

I (we) hereby authorize _____, hereinafter called
NAME OF YOUR COMMUNITY ASSOCIATION

ASSOCIATION to initiate debit entries to my bank account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account. **Please provide information about the savings or checking account from which your payment(s) should be deducted.**

NAME _____ BANK PHONE (____) _____
YOUR FINANCIAL INSTITUTION

CITY _____ STATE _____ ZIP _____

CHECKING SAVINGS _____
ROUTING TRANSIT NUMBER (Call your financial institution) (ACCOUNT NUMBER)

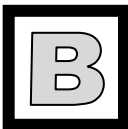
This authority is to remain in full force and effect until ASSOCIATION and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford ASSOCIATION and DEPOSITORY a reasonable opportunity to act on it.

NAME (please print) _____ PHONE (____) _____

SIGNATURE _____ DATE ____/____/____

PROPERTY ADDRESS _____

**PLEASE INCLUDE A VOIDED CHECK (FOR CHECKING ACCOUNT DEDUCTION)
OR SAVINGS ACCOUNT DEPOSIT SLIP (FOR SAVINGS ACCOUNT DEDUCTION) IN ORDER TO PROCESS.**



AUTHORIZATION TO CANCEL AUTO-PAY PROGRAM

____/____/____
CANCELLATION EFFECTIVE DATE

FOR ACCOUNTING USE ONLY	
ASSN ACCT NO _____	OWNER ACCT NO (16 DIGITS) _____

I request _____ to cancel the automatic withdrawals
for assessment payments. NAME OF YOUR COMMUNITY ASSOCIATION

NAME (please print) _____ PHONE _____ - _____

SIGNATURE _____ DATE ____/____/____

PROPERTY ADDRESS _____