



Date Stamp

Main Office:
2340 Stanford Court, Naples, FL 34112
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www.anchormanagers.com

Agreement for Pre-Authorized or ACH Payments

Association Name: _____

I/we hereby authorize the "Association" and Anchor Associates, Inc., to initiate debit entries in the amount of my Association assessment from my account indicated below. I also authorize the Financial Institution named below to debit same to such account.

Financial Institution Name: _____

City: _____ **State:** _____ **Zip:** _____

Transit/ABA No: _____ **Account No:** _____

This authority is to remain in full force and effect until the Association and the Financial Institution have received written notification from me of its termination in such time and manner as to afford the Association and the Financial Institution a reasonable opportunity to act upon the request. I further understand that payments will be deducted from my account between the first (1st) and tenth (10th) of each month in which the assessment is due, and should my payment be returned for any reason, I understand that I can be terminated from the program and I will be charged a \$25.00 administrative fee.

A VOIDED CHECK (NOT DEPOSIT SLIP) MUST BE ATTACHED.

Important Note: Automatic debit payments will begin on the next period after receipt of this form.

Name(s): _____ **Home Phone:** _____

Unit Address: _____ **Alt Phone:** _____

Mailing Address (if different): _____
Street Address City State Zip

Signature

Date