

CAMPBELL PROPERTY MANAGEMENT
1215 E. Hillsboro Blvd., Deerfield Beach, FL 33441
Phone: (954) 427-8770 · Email: AR@campbellproperty.com

ACH / EFT AUTOMATIC WITHDRAWAL FORM
AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWALS

COMMUNITY: Lucerne Lakes Golf Colony Condo No. _____ **FEE:** _____
FILL IN (monthly maintenance amount)

EFFECTIVE DATE: _____

I (we) hereby authorize Campbell Property Management / my Association and its bank, to initiate automatic withdrawal (debit) transactions to the account listed below to pay for my (our) association maintenance. I (we) authorize Campbell Property Management to adjust this amount accordingly in the event that the maintenance payment changes. The withdrawal is scheduled to occur on the fifth, or the first business day after the fifth of the month/quarter in which maintenance is due. I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. Law.

BANK NAME: _____

ABA/ROUTING#: _____ **BANK ACCT#** _____
(9-digit number on lower left side of check) (number on lower right side of check)

This authority is to remain in full force and effect until Campbell Property Management has received signed written notification from the individual(s) below in such time and manner as to afford Campbell Property Management reasonable opportunity to act on it.

SIGNATURE 1: _____ **DATE:** _____

SIGNATURE 2: _____ **DATE:** _____

PRINT NAMES: _____

PROPERTY ADDRESS: _____

CITY, STATE, ZIP

PHONE: _____

YOU MUST ATTACH A VOIDED CHECK TO THIS FORM

Mr. John Smith 123 Dolphin Ave. Deerfield Beach, FL 33441	100 Date _____
Pay To: _____ \$ _____ Amount: _____	
313071910 ABA (Routing)#	85500006542432 Bank Acct#

PLEASE RETURN THIS FORM TO:
CAMPBELL PROPERTY MGT., 1215 E. HILLSBORO BLVD., DEERFIELD BEACH, FL 33441;
DROP OFF TO THE LLGC ON-SITE OFFICE;
OR EMAIL TO: AR@CAMPBELLPROPERTY.COM