

# **AUTO DEBIT AUTHORIZATION FORM**

ASSOCIATION NAME \_\_\_\_\_

OWNER(S) NAME(S) \_\_\_\_\_

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

MONTH START DATE \_\_\_\_\_

ASSESSMENT FREQUENCY           Monthly                             Quarterly  
(Quarterly debits can only be used for associations that charge dues quarterly)

ASSESSMENT AMOUNT        \$ \_\_\_\_\_

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

NAMES ON BANK ACCOUNT \_\_\_\_\_

ACCOUNT TO BE CHARGED:           Checking (**Voided check must be enclosed**)  
(choose one)  
       Savings - Account # \_\_\_\_\_ Routing # \_\_\_\_\_

Home Phone \_\_\_\_\_ Day time Phone \_\_\_\_\_

**I HAVE INCLUDED A BLANK VOIDED CHECK AND HEREBY AUTHORIZE MY FINANCIAL INSTITUTION TO DEBIT MY ACCOUNT IN THE NAME OF MY HOMEOWNERS ASSOCIATION. I UNDERSTAND THE AUTO DEBIT WILL APPEAR ON MY BANK STATEMENT ON THE 5<sup>TH</sup> OF THE MONTH OR THE FIRST BUSINESS DAY FOLLOWING. IN ADDITION, I UNDERSTAND THIS AUTO DEBIT WILL REMAIN UNTIL I NOTIFY MY ASSOCIATION IN WRITING 30 DAYS PRIOR TO CANCELING THE AUTO DEBIT. I ALSO GIVE THE ASSOCIATION AUTHORITY TO INCREASE THE AUTO DEBIT AS MAINTENANCE FEES ARE INCREASED BY THE BOARD OF DIRECTORS.**

\*\*\*Please note, In Rhodes Management DOES NOT auto debit additional or special assessment, IF they are levied. You will need to mail in a physical check, should an assessment be approved by your Board of Directors in the future.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PLEASE RETURN COMPLETED FORM TO:

IN RHODES MANAGEMENT, INC.  
ATTN: ANGELA  
3252 UNIVERSITY DR, #145  
AUBURN HILLS, MI 48326

Office use only

Account number \_\_\_\_\_  
Set up on \_\_\_\_\_  
By \_\_\_\_\_

**Phone (248) 652-8221**