

**AMERICAN PROPERTIES TEAM, INC.**  
**MONTHLY CONDOMINIUM FEE DEBIT AUTHORIZATION FORM**

**ATTENTION: CONDOMINIUM COORDINATOR**

I (we) hereby authorize American Properties Team, Inc., hereinafter called COMPANY, to initiate debit entries to my (our) ( ) Checking ( ) Savings account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account every month.

PROPERTY NAME: \_\_\_\_\_ UNIT NO. \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_ BANK NAME: \_\_\_\_\_

BANK LOCATION (CITY & STATE): \_\_\_\_\_

**Please attach copy of voided check from above account**

**THIS INITIAL SET UP PROCESS MAY TAKE UP TO TWO (2) MONTHLY CYCLES. YOU MUST CONTINUE TO SUBMIT YOUR MONTHLY FEE PAYMENT BY CHECK UNTIL YOU HAVE RECEIVED A WRITTEN CONFIRMATION THAT YOUR ACCOUNT HAS BEEN SET UP FOR DIRECT DEBIT.**

**This authorization is to remain in full force and effect until COMPANY has received written notice from me (us), which should be at least 30 days prior to its termination. All condominium increases will automatically be deducted from your account.**

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

OWNER PHONE #: \_\_\_\_\_

**All account holders for a joint account must sign above.**

Do not write below this line

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NOTE: All written debit authorizations must provide that the receiver must revoke the authorization only by notifying the Originator in writing; provide a name and address. The receiver must be given a copy of their written authorizations.

ROUTING NO. \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

PROPERTY NO. \_\_\_\_\_

UNIT NO. \_\_\_\_\_

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COMPLETED BY: \_\_\_\_\_

DATE LETTER MAILED: \_\_\_\_\_

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

COPY SENT TO CC: \_\_\_\_\_