AM/PM ALTON MADISON

PROPERTY MANAGEMENT

Dedication + Cooperation = Excellence

AUTOMATIC PAYMENT (ACH) AUTHORIZATION

Save time and postage. Complete and sign this form and include a **VOIDED CHECK**, or a letter from your financial institution showing the account and routing numbers for the account you wish SouthState Bank to debit. Email the completed form to **Villages@altonmadison.com** or mail it to Alton Madison Property Management, Inc.

Mail to: 381 N Krome Ave, Suite 205, Homestead, FL 33030 • All dues must be current when starting ACH. The form must be received **no later than 5 business days before the month you wish to begin ACH.**

BANK INFORMATION

Name of Bank: _____

Bank Location: _____

Account Type: ■ Checking ■ Savings

Account Number: _____

Bank Routing Number: _____

PAYMENT INFORMATION

Monthly / Quarterly Payment Amount: _____

Requested Start Date: _____

OWNER / PROPERTY INFORMATION

Name: _____

Property Address: _____

Unit Number: _____

Association Name: _____

Beginning with the date designated above, your payment will be automatically deducted from your checking or savings account on your regular payment due date.

AUTHORIZATION: I authorize SouthState Bank and Alton Madison Property Management, Inc. to debit the account listed above for my regular association payment.

Signature: _____ **Date:** _____

REMINDER: Attach a voided check or financial institution letter before submitting. | **Villages@altonmadison.com**