

# The Vanguard Management Group, Inc

9300 North 16th Street  
Tampa, FL 33612  
813-930-8036  
Fax 813-930-9615

Please complete this form to sign up for automatic payments for your regular association assessments. Mail this form with your voided check to The Vanguard Management Group at 9300 North 16<sup>th</sup> Street, Tampa FL 33612 or fax to 813-930-9615.

## ASSOCIATION PAY DEBIT AUTHORIZATION ATTACH A VOIDED CHECK

ASSOCIATION NAME: \_\_\_\_\_ UNIT ID #: \_\_\_\_\_

I/we hereby authorize The Vanguard Management Group on behalf of the association named above to initiate entries to my/our checking or savings account at the financial institution indicated for the purpose of making my/our association payments, to include all future amount changes. I/we also authorize the financial institution to withdraw these payments on or after the 3rd day of each month the assessment is due from my/our account. I/we understand that this transfer of funds will continue until The Vanguard Management Group receives written notification 15 days before the next transfer effective date. The Vanguard Management Group on behalf of the association may initiate changes in amounts, account information or cancel this authorization.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Association unit property address \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

FINANCIAL INSTITUTION: \_\_\_\_\_ PHONE: \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ ROUTING #: \_\_\_\_\_

START DATE: Month \_\_\_\_\_ Year \_\_\_\_\_  Checking  Savings

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_