



AUTO DEBIT AUTHORIZATION

Please attach a voided check to this form!

Please specify ONE date:

Auto Debit to occur on: ____ 3rd of Month ____ 10th of Month

If date is not selected, debit will occur on the 3rd day of the month.

ASSOCIATION NAME: _____ UNIT #: _____

I/we hereby authorize RESOURCE MANAGEMENT, INC., hereinafter called RPM, 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 from my/our account.

NAME: _____ PHONE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FINANCIAL INSTITUTION: _____ PHONE: _____

ACCOUNT #: _____ ROUTING #: _____

DATE: _____ SIGNED: _____ SIGNED: _____

Please return this form, along with a voided check, directly to our Accounting Office:

Resource Property Management, 7300 Park Street, Seminole, FL 33777

Accredited Association Management Co. (AAMC) – Website-www.resourcepropertymgmt.com

*5901 Sun Blvd., Suite 200
St. Petersburg, FL 33715
727-864-0004
Fax: 727-866-7002*

*28100 US Hwy 19 North, Suite 305
Clearwater, FL 33761
727-796-5900
Fax: 727-796-5011*

*7300 Park Street
Seminole, FL 33777
727-581-2662
Fax: 727-584-2118*