



BLUE SHIELD PROPERTY MANAGEMENT COMPANY

18459 Pines Blvd., Ste. 316, Pembroke Pines, FL 33029

Maintenance Fee Auto Debit Authorization

Association Name: _____

Name on Deed: _____

Property Address: _____

Mailing Address: _____

Name of Bank : _____

(US Bank Only)

Name on Bank Account: _____

Home Phone: _____ Daytime Phone: _____

Email Address: _____

I have included a **Blank Voided Check** and hereby authorize my financial institution to debit my account in the name of my Condominium or Homeowners Association. I understand the debit will appear on my bank statement under the description of **“Association Lock Box.”** between the **5th** and the **10th** day of each month, if a monthly assessment, or between the **5th** and **10th** day of the first month of the quarter, if a quarterly assessment. In addition, **I understand this auto debit will continue until I notify my association in writing 30 days prior to canceling or changing the bank account used for the auto debit.** I also give the association authority to change the auto debit, as maintenance fees are changed by the Board of Directors, in future years.

PLEASE ATTACH A BLANK VOIDED CHECK TO THIS FORM

Return this form by the 21st of the month PRIOR to start month.

Start Month & Year: _____

Assessment Frequency: ___ Monthly ___ Quarterly

Maintenance Fee: \$ _____ Special Assessment: \$ _____ Other \$ _____

Describe: _____

You will be sent a letter confirming the month EFT will start.

ACCOUNT MUST BE CURRENT PRIOR TO START MONTH



Initial box

I authorize a one-time payment in the amount of \$ _____ to bring my

account current as of _____ (Date)

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

Signature: _____

Date: _____

You may email this form to info@blueshieldpm.com or for secured delivery Fax to 954-656-5112