

Date _____

To: _____ Association

Please **cancel my automatic payment** withdrawal effective _____

Thank You,

Signature

Printed Name _____

Account Number _____

Name of Association _____

C/o Bristol Management Services
1930 Commerce Lane #1
Jupiter, Fl 33458
Facsimile# 561-575-5423

Please note: an original cancellation notice must be kept on file, please mail original to address above.