

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

Association Name:	
Property Address: (VERY IMPORTANT)	
Your Name (First, Middle Initial, Last):	
Your Contact Phone Number:	
Your Contact Email Address:	
Month of when first payment is to be debited from your account: Please note that all payments are debited between the 5 th and the 10 th of each month.	
Name of Your Bank: (US Bank)	
ABA Number (Always the 9 digits preceding your account number on your check):	
Your Account Number:	

Terms And Conditions:

I/we hereby authorize the Association's Financial Institution or Bristol Management Services, Inc. to initiate debit entries to my/our checking account at the depository, as indicated above. I /we understand the amount of the debit may change on an annual basis according to the requirements of the Board of Directors of my Association. This authority is to remain in full force and effect until Bristol Management Services, Inc. has received written notification from me(or either of us) of its termination in such time and in such manner as to afford Bristol Management Services, Inc. and the Depository a reasonable opportunity to act on it. I (or either of us) have the right to stop payment of a debit entry by notification to Depository at such time as to afford Depository a reasonable opportunity to act on it prior to charging the account. After the account has been charged, I/we have the right to have the amount of an erroneous debit immediately credited to my account by Depository, provided I/we send written notice of such debit entry in error to Depository within 15 days following issuance of the account statement or 45 days after posting, which ever occurs first. I/we acknowledge that the orientation of ACH transactions to my/our account must comply with the provisions of U.S. laws.

I have read the above statement and agree to its terms.

Print your name here.

Sign your name here.

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FAX this form to Bristol Management at : 772-878-1519

INCLUDE A COPY OF A VOIDED CHECK.

If your Association bills MONTHLY, funds will be taken MONTHLY.

If your Association bills QUARTERLY, funds will be taken QUARTERLY

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You may also return this form and your voided check via the postal mail by mailing to
Bristol Management 543 NW Lake Whitney Place #101 Port St Lucie, FL 34986

SAMPLE

John Doe P.O. Box 954 Holbrook, NY 11895	DATE _____	0215 <small>63-685/870 BRANCH 08680</small>
PAY TO THE ORDER OF _____		\$ <input type="text"/>
_____ DOLLARS		
Fidelity Federal		
FOR _____	SAMPLE MP	
⑆ 670040032 ⑆ 32665365 ⑆ 0532		
ABA Number	Bank Account Number	(United States Bank Only)

Make Checks Payable to: **Sample Condominium**

Sample Condominium 20010 Diamond Drive Rockville MD 20888-4321 555-1212	Account # : 0XX-10001 Lot # : 10001 Bill Period: Sample Payment Due: 01/01/05 Amount Due: 35.00
Re: 10001 Bank Street Dib & Betty Jones 53701 Diamondback Way Gaithersburg MD 20877-4512	Send Payment To: Sample Condominium C/O Bristol Management Services 1930 Commerce Lane Suite #1 Jupiter FL 33458 561-575-3551



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