

# AUTO DEBIT CANCELLATION FORM

Condominium Associates

## USE THIS FORM TO CANCEL THE AUTO DEBIT FOR YOUR ASSOCIATION FEES

### How do I let you know if I need to cancel my auto debit?

Step 1 Fill in the required information below and return this form to:

**Condominium Associates and/or Town  
Shores of Gulfport  
3210 59th S Gulfport, FL 33707  
Fax: (727) 347-2438  
Email  
to:djesse@condominiumassociates.com**

### How do I confirm that you received these instructions?

Step 1 You will receive an email confirmation:

Email me at: \_\_\_\_\_

### What other information do I need to know?

- Item 1 The completed form must be received by the 25th of the month prior to the payment due date in order for the ACH to be cancelled for the next regularly scheduled payment. If the 25th falls on a holiday or weekend, the form must be received by the last business day prior to the 25th.
- Item 2 A separate cancellation form must be completed for each property/unit payment obligation.
- Item 3 This auto debit will continue until you provide written instructions to cancel.
- Item 4 If your ACH is rejected or returned you will be notified and your account may incur late fees.

### PLEASE COMPLETE INFORMATION BELOW TO CANCEL AUTO DEBIT

**Association Name:** \_\_\_\_\_ **Unit/Account:** \_\_\_\_\_

Terminate my ACH effective: \_\_\_\_\_ Payment Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_  
Date Signature of Authorized Signer on Bank Account That is Debited

\_\_\_\_\_  
Date Signature of Authorized Signer on Bank Account That is Debited

Return this form to: **CONDOMINIUM ASSOCIATES, 3001 EXECUTIVE DRIVE, SUITE 260, CLEARWATER, FL 33762**

Fax this form to: **(727) 573-8549**

Email this form to: **Accounting@condominiumassociates.com**

QUESTIONS? Call us at 727-573-9300 or email AR@condominiumassociates.com