

**Condominium Association of Parker Plaza Estates, Inc.  
2030 S Ocean Dr. Hallandale Beach, FL. 33009**

## **ACH Authorization Form**

I (we) hereby authorize \_\_\_\_\_ (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/ debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Owner Name(s) : \_\_\_\_\_ Unit Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Address of Financial Institution: \_\_\_\_\_

(Branch, City, State & Zip)

Set Amount: \_\_\_\_\_ or Maximum Amount: \_\_\_\_\_

Financial Institution routing number: \_\_\_\_\_

Checking/Savings Account Number: \_\_\_\_\_

These numbers are located on the bottom of your check as follows:

Unit Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Note: The maintenance amount will be deducted on the 1<sup>st</sup> of the months of February, May, August and November. Include a voided check to this form.***