

Account Number _____

Electronic Funds Transfer New Bank Request

Association Name: _____

Name on Deed: _____

Property Address: _____

Mailing Address: _____

Name on Bank Account: _____

Home Phone: _____

Email Address: _____

I am requesting the bank information for my Electronic funds transfer to be updated on the above account as of Month _____, Year _____.

Assessment Frequency Monthly _____ Quarterly _____ Semi-Annual _____

PLEASE ATTACH A BLANK VOIDED CHECK TO THIS FORM

THIS REQUEST MUST BE RECEIVED THIRTY DAYS PRIOR TO THE DATE REQUESTED.

Signature: _____

Date: _____