SENTRY MANAGEMENT INC.
COMMUNITY ASSOCIATION MANAGEMENT
2180 West SR 434 Suite 5000 ▯ Longwood FL 32779
Phone: 407-788-6700, ext 402 ▯ Fax: 407-788-7488

AUTO-PAY PROGRAM

This form is used to begin, change or terminate your Auto-Pay authorization. Auto-Pay is a convenient method for property owners to remit payments to their association. There is no charge to the property owner for Auto-Pay. All regular assessments and fee payments will be automatically debited from your checking or savings account. If the association charges additional fees, on a regular basis, such as cable, parking, etc. this amount is also debited. Each year, as the association approves its budget, the correct assessments are automatically debited. If the fee increases, the amount withdrawn will increase. If the fee decreases, the amount withdrawn will decrease.

We are unable to debit your account for any non-standard fees, such as special assessments or metered utilities. Such assessments need to be paid by check with payment coupons, which will be provided.

In order to initiate, change, or cancel Auto-Pay, we must receive Section "A" (to begin or change) by the **15th** of the month and Section "B" (to cancel) by the **25th** of the month, in order to be effective the following month. You may mail (or fax) your completed form to Sentry Management Auto-Pay Program at the address above. **Your specified account will be debited on the third day of the association's billing cycle** (i.e. monthly, quarterly or semi-annually). We will notify you by mail when your service has been activated. Please continue to remit payment until you have received confirmation.

If you have any further questions, please contact our Accounting Department at (407) 788-6700, ext. 402 or acct@sentrymgt.com.

A

AUTO-PAY PROGRAM

☐ INITIAL AUTHORIZATION

☐ CHANGE OF BANK

FOR ACCOUNTING USE ONLY	
ASSN. ACCT. NO.	OWNER ACCT. NO.

Initial authorization, or changes, must be **received** by the **15th** day of the current month in order to be effective the following month.

I (we) hereby authorize_____, hereinafter called
(NAME OF YOUR COMMUNITY ASSOCIATION)

ASSOCIATION to initiate debit entries to my bank account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account. **Please provide information about the savings or checking account from which your payment(s) should be deducted.**

NAME:_____ BANK PHONE: _____
(YOUR FINANCIAL INSTITUTION)

CITY:_____ STATE:_____ ZIP: _____

☐ CHECKING ☐ SAVINGS _____ _____
ROUTING TRANSIT NUMBER (Call your financial institution) (ACCOUNT NUMBER)

This authority is to remain in full force and effect until ASSOCIATION and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford ASSOCIATION and DEPOSITORY a reasonable opportunity to act on it.

NAME (please print): _____ PHONE: _(_____)_____

SIGNATURE: _____ DATE: _____

PROPERTY ADDRESS: _____

PLEASE INCLUDE A VOIDED CHECK (FOR CHECKING ACCOUNT DEDUCTION) OR SAVINGS ACCOUNT DEPOSIT SLIP (FOR SAVINGS ACCOUNT DEDUCTION) IN ORDER TO PROCESS.

B

AUTHORIZATION TO CANCEL AUTO-PAY PROGRAM

CANCELLATION
EFFECTIVE DATE: _____/_____/_____

FOR ACCOUNTING USE ONLY	
ASSN. ACCT. NO.	OWNER ACCT. NO.

Cancellation must be **received** by the **25th** of the current month in order to be effective the following month.

I request _____ to cancel the automatic withdrawals
(NAME OF YOUR COMMUNITY ASSOCIATION)
for assessment payments.

NAME (please print): _____ PHONE: _(_____)_____

SIGNATURE: _____ DATE: _____

PROPERTY ADDRESS: _____