Authorization Agreement for Automatic Withdrawals

Association: <u>Ashton Parc</u>	Maintenance \$:		
Effective Month: I (we) hereby authorize Campbell Property Manageme			
transactions to the account listed below to pay for my (Campbell Property Management to adjust this amount payment changes. The withdrawal is scheduled to occ fifth of the every month. <u>This form must be received by</u> the next month.	accordingly in the event that the maintenance our on the fifth, or the first business day after the		
Bank Name:	Debit Amount: \$		
Routing / ABA#:	Band Acct #:		
This authority is to remain in full force and effect until C signed written notification from the individual(s) below i Property Management reasonable opportunity to act or	n such time and manner as to afford Campbell		
Name:	Name:		
Address: Street Address	City State Zip Code		
Signature 1:	Date:		
Signature 2:	Date:		
Phone #:	Email:		

You must attach a voided check to this form

Please email a copy of your voided check with this form to kfrancese@campbellproperty.com or mail to the Campbell Property Management Office at 1215 East Hillsboro Blvd Deerfield Beach, FL 33441.

John Doe 123 Your Street Yourtown, AA 12345			2400
PAY TO THE ORDER OF	(O)	IV	DOLLARS
Your Ban Anywhere US			DOLDARS
:122105278:	6724301068*	2400*	
Routing Number	Account Number	Check Number	