



Signature
Property Management

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

I/we hereby authorize Signature Property Management to set up our auto draft payment through ClickPay from my/our checking account for credit to the below-named account on the second (2nd) day of each month for my/our current assessment amount. This authority will remain in effect until I/we notify Signature Property Management or ClickPay otherwise. I/we understand the amount of the debit may change on an annual basis according to the requirements of our governing association. I/we understand this form is not valid without a copy of a voided check for the referenced account.

I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

Name of your bank _____

Account number to be debited _____

Your bank's routing/transit number _____
(9-digit number found on lower left side of check)

Property Address _____

Association Name _____

Account owner's signature(s) _____

Account owner's name(s) _____

(Please Print)

(Please Print)

Date first payment is to be debited from your account _____

Date this form was signed _____

A voided check must be included with the submission of this form

**Send to: Signature Property Management
3171 SE Dominica Terrace, Stuart, FL 34997**

p: 772-219-4474 **f:** 772-219-4746 www.signaturepropertymgmt.com

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