

COMMUNITY SERVICE FEE AUTO DEBIT AUTHORIZATION – CHANGE REQUEST

ASSOCIATION NAME: ON TOP OF THE WORLD CONDOMINIUM ASSOCIATION, INC.

NAME(S) ON DEED: _____

OTOW PROPERTY ADDRESS: _____

EMAIL ADDRESS: _____

PRIMARY PHONE: _____

COMMUNITY SERVICE FEE ACCOUNT NUMBER: BLDG# _____ CONDO# _____

MONTH DEBIT TO BEGIN (approximately three months from closing): _____

FEE AMOUNT FOR CURRENT BUDGET YEAR: \$ _____

NAME OF UNITED STATES FINANCIAL INSTITUTION: _____

NAMES ON ACCOUNT: _____

ACCOUNT TO BE DEBITED (please check one): () CHECKING () SAVINGS

(For checking accounts, attach a voided check or a copy of your bank notification letter which includes your account number. For savings accounts, attach a savings deposit slip)

I have included my bank account information and hereby authorize my financial institution to debit my account for the payment of my community service fees due to my Condominium Association. The auto debit will appear on my bank statement between the 5th and 10th working day of each month under the description of “Management Enterprises”. I understand this auto debit will remain in place until I notify my Condominium Association in writing 30 days prior of new checking or savings account information in which to debit. I also give the Association authority to increase/decrease the auto debit as the Board of Administration increases/decreases community service fees.

Signature: _____
(Only one signature required)

Date: _____

PLEASE RETURN COMPLETED FORM TO:

**Management Enterprises, Inc.
P.O. Box 771029
Ocala, FL 34477-1029**

Please contact Management Enterprises, Inc. at 352-873-6046 if you require assistance in completing this form.