AUTOMATIC DEBIT SERVICE

CENTENNIAL BANK

Complete **L**ockbox **A**ssociation **S**ervices **S**ystem

SIGNUP FOR THE AUTOMATIC DEBIT SERVICE FOR YOUR ASSOCIATION ASSESSMENT FEES IT'S EASY AND CONVENIENT

- Your U.S. bank checking or savings account will be debited for your assessment fees based on the day you select and the payment frequency determined by your association. If the debit day you select is on a weekend or federal holiday, your payment will be debited the following business day. Your bank statement will reflect "Assoc Pymt" when a debit has been processed to your account.
- Centennial Bank requires 5 days to setup your enrollment. If your enrollment form is received after the debit day and month you select, your account will be debited on the debit day of the next scheduled payment.
- If you have multiple assessments for your association, you must complete a separate enrollment form for each payment you wish to have automatically debited.
- Simply mail the completed Automatic Debit Enrollment form and a voided check to:
  CENTENNIAL BANK
  PO BOX 30061
  TAMPA, FL 33630-3061
- Centennial Bank will notify you in writing of your first debit date. Please continue to make your payment until you are notified.
- If you wish to change your bank account information or cancel your automatic debit, you must notify Centennial Bank in writing at least 5 days prior to the next debit. You may submit your requests in writing to the PO Box shown above.

IMPORTANT REMINDERS

If you are using an electronic means to make your association payment and sell your unit, please be sure you cancel your electronic payment to prevent future debits to your bank account.

All questions regarding your association or payments should be directed to your management company or association.

<<<<<<<<<< TEAR HERE >>>>>>>>>> <<<<<<<<<< TEAR HERE >>>>>>>>>>

REMEMBER TO ATTACH A VOIDED CHECK

CENTENNIAL BANK AUTOMATIC DEBIT ENROLLMENT

Association Name: East St Cloud Commerce Park POA Inc			
Unit ID:		Payment Type: ☒Maint ☐Spec Asmt ☐Other	
Name:		Phone:	
Address:			
City:		State:	Zip:
Bank Name:	City:		State:
Checking ☒ Savings ☐	Bank RTG #:	Bank Acct #:	
Start Month:	Debit Day (Check One): ☒1st ☐2nd ☐3rd ☐4th ☐5th ☐6th ☐7th ☐8th ☐9th ☐10th		

I hereby authorize Centennial Bank to initiate debit entries to my checking or savings account from the U.S. bank listed above for my association payments. By signing this document, I acknowledge the following: The debit will occur based on the payment frequency provided by the association or management company and on the day indicated above. If the debit day falls on a weekend or federal holiday, my payment will be debited the following business day. If this occurs, my payment could be considered late and the association may assess a late fee. If I wish to cancel my automatic debit or change my bank account information, I must notify Centennial Bank in writing at least 5 days prior to the next debit. The management company or association is authorized to change amounts, change account information, or cancel this debit.

Signature: _____ Date: _____

Bank Use Only

Assoc UID:
DocPAN:

Member FDIC

Form #1013
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