

Association Auto Debit (ACH) Change or Cancellation Form



Use this form to Change or Cancel an existing "Preauthorized Electronic Payment".

- A separate form must be completed for each property/unit you are requesting to change or cancel.
- The completed form must be received by the 25th of the month prior to your next payment due date to take effect. If the 25th is on a weekend or a holiday, RPM must receive this form by the last business day prior to the 25th.
- By submitting this form, you authorized RPM to change or cancel the ACH debit authorization for the below property/unit owner.
- Mail completed form (including new voided check or deposit ticket, if applicable) to:

**Resource Property Management, Inc.
7300 Park Street
Seminole, FL 33777**

**OR email to:
autodebit@resourcepropertymgmt.com**

- All questions regarding your association or payments should be directed to Resource Property Management, Inc. at (727) 581-2662.

Please indicate if this is a CHANGE OR CANCELLATION

Association Name: _____

Frequency: Monthly Quarterly Semi-Annually Annually

Association Account Number: _____

Unit Owner Name: _____

Unit Owner Phone Number: _____

NEW Routing/Transit Number: _____

- Account Type: Checking Savings

NEW Bank Account Number: _____

Assessment Amount \$: _____ Cancel/Change Effective Date: _____

Authorizing Signature

Date

AAMC ACCREDITED ASSOCIATION MANAGEMENT COMPANY

WWW.RESOURCEPROPERTYMGMT.COM