

Guardian Association Management, LLC

**AUTO WITHDRAWAL INITIATION FORM**

Save time and money by using automatic debit for your quarterly payments. Please submit this form with a **Blank/Voiced** check to Guardian Association Management, LLC. Your authorization and **Blank /Voiced** check must be received at least 30 days prior to the month in which the automatic deduction is to be initiated.

Property Name- **Belmont Cluster Development Homeowners Association**

Property Unit Number \_\_\_\_\_

Name (please Print) \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Month Quarterly Recurring Auto Debit to begin \_\_\_\_\_

Checking ( )      Savings ( )

I acknowledge that Guardian Association Management, LLC will originate a debit on the 1<sup>st</sup> day of the month to my Checking/Savings account on a recurring basis.

Signature \_\_\_\_\_

Please remit to:

Guardian Association Management, LLC.

PO Box 143005

Gainesville, FL 32614

**\*PLEASE INCLUDE A BLANK/VOIDED CHECK\***