

Guardian Association Management, LLC

AUTO WITHDRAWAL INITIATION FORM

Save time and money by using automatic debit for your monthly payments. Please submit this form with a **Blank/Voided** check to Guardian Association Management, LLC. Your authorization and **Blank /Voided** check must be received at least 15 days prior to the month in which the automatic deduction is to be initiated.

Property Name: **Campus View North Condominium Association, Inc.**

Property Account Number: _____

Name (please Print) _____

Address _____

City, State & Zip Code _____

Month Recurring Auto Debit to begin _____

Checking () Savings ()

I acknowledge that Guardian Association Management, LLC will originate a debit on the 1st of every 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