



Exceptional Property Management

## Association Auto Payment Cancellation Form

Date of Request: \_\_\_\_\_

**Consolidated Community Management, Inc. must receive this form by the 20<sup>th</sup> of the month prior to the month which your next scheduled payment is due.**

(i.e.: if your payment is to debit your account on April 3<sup>rd</sup>, the form must reach the bank by March 20<sup>th</sup>.)

Consolidated Community Management, Inc.  
c/o Accounting  
Mail to: 7124 N. Nob Hill Road  
Tamarac, FL 33321

I authorize <name of your bank> to cancel the automatic withdrawals for my maintenance fee payments.

Name (Unit Owner)	
Association Name:	\$
Management Company: (if applicable)	
Unit Number:	
Amount Paid:	
Frequency of Payment:	<input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Weekly
Phone Number:	
Unit Owner's Signature:	

<b>For Management Company Only:</b>
Date Received:
Date Cancelled:
Employee: