

PAYMENT METHOD / ADDRESS UPDATE FORM

Please assist us in updating our records by completing this form and returning it to our office. The information submitted will become part of your Association official records. Please print clearly.

Your Association Name	
Owner Name(s)	
Local Property Address	
Alternate Address	9
(PLEASE CHECK <u>ONE</u> BOX ABOVE FOR THE ADDRESS	S WE SHOULD USE FOR MAILINGS & CORRESPONDENCE)
(For all future correspondence, please let our office kno so that we can send Association information to the corr	
Phone number(s):	
(local)(c	:ell)
(cell)(b	usiness)
E-mail Address(es)	
Home Watch	phone
I prefer a coupon booklet for my Association fees. If you choose direct debit ACH, please complete th Name(s) on Deed Month to start direct debit	
Circle account to be charged: Checking Savings (Please	
Maintenance Fee Account # (to be completed by Sandcastle) have included a blank voided check and hereby authorize my financial institution to debit my account in the name	
of my Condominium/Homeowners Association. I underst the description of the Association lock box. I understand on or around the 8 th of each month or quarter it is due. Ir	tand that this debit will appear on my bank statement under that the auto debit ACH will appear on my bank statement in addition, I understand that this auto debit will remain in concelling. I also authorize the Association to change the
ignature	Date
	9150 Galleria Court, Suite 201 • Naples, Florida 34109