



When you enroll in the Auto Debit program, we will send an electronic draft to your bank between the 1st and 5th of each month. There is no charge to you for this service. The electronic draft will only collect the current quarterly assessment. If you have a past due balance on your account you will be required to mail a payment for those fees.

To sign up for Auto Debit, complete and sign the authorization form.

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I (we) hereby authorize ICON Management Services to initiate debit entries to my (our) banking account indicated below and the depository (bank) named below. This authorization is for homeowner assessments and special assessments (if any) of any kind and will be drafted from your account.

Depository Name (Bank Name) \_\_\_\_\_  Checking or  
 Savings

Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_

Starting Month \_\_\_\_\_ Application must be received in our office by the 15th of the month for debit to begin the following month.

Association Name \_\_\_\_\_  
(This is your subdivision or condominium name)

Property Address \_\_\_\_\_  
(The address you wish the payment to be applied)

Amount to be charged: 1/1: \_\_\_\_\_ 4/1: \_\_\_\_\_ 7/1: \_\_\_\_\_ 10/1: \_\_\_\_\_

Account Number \_\_\_\_\_

This authority is to remain in full force until ICON Management Services has received written notification from the homeowner of its termination at least two weeks prior to the day the account is to be debited.

Name(s) \_\_\_\_\_  
(Please print name(s) as shown on account)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please attach a voided check for verification of the bank transit and account number.**

Phone Numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_