

ACH CANCELLATION FORM

Cancellation Agreement for Direct Payments (ACH Debits)

To Whom it May Concern,

This letter is authorizing the association/management company to cancel my
"Agreement for Direct Payment" for my association account #

0 K ____ - 0 0 0 0 - ____ - 0 ____

Homeowners Signature

Date _____

Homeowners Name Printed

Your "Agreement for Direct Payment" will be terminated within 48 hours of receipt of this form. Furthermore, any payments initiated through your bank prior to the receipt of this form will be processed. Please submit this completed form no later than the 28th to allow time for cancellation prior to the regular draft cycle beginning.

Please Return this form to:

FirstService Residential
1904 Clubhouse Dr.
Sun City Center, FL 33573

Fax to: 813-642-8790

You may call the Customer Care:

Monday – Friday 8:30 a.m. – 5:00 p.m. at 1-888-425-0001 to cancel by phone.