

For Sandcastle use ONLY

Acct. # \_\_\_\_\_



## CONTACT INFORMATION / ACH AUTHORIZATION FORM

We need your assistance updating our records by completing this form and returning it to our office. The information provided will be used solely by Sandcastle Management, LLC for the specific purpose of processing payments to the association as they become due. Please print clearly.

Your Association Name: \_\_\_\_\_

Owner Name(s): \_\_\_\_\_

Association Property Address: \_\_\_\_\_

Mailing Address:  Same as above Or \_\_\_\_\_

*For all future correspondence, please let our office know each time you wish to change your mailing address, so that we can send Association information to the correct address.*

Phone number(s): \_\_\_\_\_

E-mail(s): \_\_\_\_\_

Home Watch: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Statement method (choose one):  Paper Statement  E-Statement  None (Automatic ACH)

*\*If your association's assessments are billed monthly, a coupon booklet will be sent at the end of the year, or you can elect e-Statements instead.*

*\*A statement or e-statement WILL NOT be sent for those enrolled in ACH. If you need a statement or e-statement for your records, please contact us.*

To make payments electronically, please go to [www.sandcastlecm.com](http://www.sandcastlecm.com)

To enroll in Automatic ACH, please complete the following information:

I authorize Sandcastle to direct debit ACH for my Association fees.

Please print clearly or attach a copy of a voided check or document from the Bank. At this time, we can only draft from a U.S. account.

Routing Number: \_\_\_\_\_ Account number: \_\_\_\_\_

Indicate account type: Checking  Savings

Month to start direct debit: Next Assessment Due  or Other future assessment \_\_\_\_\_

I understand that this debit will appear on my bank statement under the description of the Association lock box. I understand that the auto debit ACH will appear on my bank statement on or before the 8<sup>th</sup> of each month or quarter it is due. In addition, I understand that this auto debit will remain in effect unless I notify Sandcastle in writing 30 days prior to cancelling. I also authorize the Association to change the auto debit as maintenance fees may be changed by the Board of Directors for my Association.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This form may be emailed to [billing@sandcastlecm.com](mailto:billing@sandcastlecm.com)

