

Guardian Property Management, Inc.

6704 Lone Oak Blvd.
Naples, Florida 34109
Telephone: 239-514-7432
Fax: 239-514-7759

TO: All Owners

RE: Automatic Funds Transfer

Guardian Property Management is pleased to offer you the service of Automatic Funds Transfer from your bank account for the payment of your Association dues. Attached is an authorization form allowing you to take advantage of this service.

Benefits:

- It's Easy – You will receive your normal statement from us and all you have to do is deduct the amount from your checkbook.
- It's Safe – Your check will never again get lost in the mail.
- It's Reliable – You'll always know your bill has been paid and on time.
- It Saves You Money – This will save you the cost of mailing and possible late fees.

This is not a required service; it is a service we are glad to provide to you. All automatic debited funds go directly into your Association's Checking Account at Iberia Bank.

A new authorization form needs to be completed even if you were signed up with the previous management company.

If you have any questions regarding this program please contact our office.

Sincerely,

Accounting Department

Guardian Property Management, Inc.

6704 Lone Oak Blvd.
Naples, Florida 34109
Telephone: 239-514-7432
Fax: 239-514-7759

TO: Owner
FROM: Accounting Department
RE: Automatic Funds Transfer

I authorize Guardian Property Management, Inc. to debit my account for my Association dues. I also authorize Guardian Property Management, Inc. to credit my account for any correction that may need to be made in the event there was an error. I also understand it is my responsibility to immediately notify, in writing, Guardian Property Management Inc. with any changes I make in regards to my bank account.

This authority is to remain in full force and effect until the Community and the Financial Institution have received written notification from me of its termination in such time and manner as to afford the Community and the Financial Institution a reasonable opportunity to act upon the request. I further understand that payments will be deducted from my account in which the assessment is due, and should my payment be returned for any reason, I understand that I can be terminated from the program, and I will be charged any bank fees for the NSF return.

I have attached a Voided check or provided savings account information to ensure that there is not a delay in processing my payment. **We will only debit the amount of your association fees. We will not include any miscellaneous charges or special assessments.**

Please complete the following information:

Association Name

Unit #

Printed Name

Signature

Date

Please complete the following:

Name of Bank: _____

Account Number: _____

Routing Number: _____

Circle One: Checking Savings

Attach Voided Check