



KBManagement Services Group

creating value in community

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

I authorize KB Management Services Group and its agents to initiate debit entries to my (our) checking account listed below for payment of our monthly condominium fees. Entries will be made on the 5th of each month.

Association Name _____

Unit Number(s) _____

Unit Owner(s) Name _____

Financial Institution Name _____

Bank Account Number _____
(U.S. BANK ACCOUNTS ONLY)

Routing Number _____

See Example Below:

☐ 1 2 3 4 5 6 7 8 9 ☐ 1 2 3 4 5 6 7 8 9 0 1 2 3 ☐
Routing Number Account Number

Type of Account CHECKING or SAVINGS

The authority to make debit entries will remain in full force until the company has received written notification of its termination in such manner as to afford the company a reasonable opportunity to act on it.

Signature of Unit Owner _____

Date _____ Month to start _____

PLEASE ATTACH A VOIDED CHECK WITH YOUR APPLICATION

[111 2nd Ave NE, Suite 900, St. Petersburg, FL 33701 727-355-0379](#)