



# Island Condo Management Corp.

*Established 1981*

The Island Condo Building  
1610 Richmond Road  
Staten Island, New York 10304

718-981-2500

- *Accounting Services*
- *Consulting*
- *Staffing*

## **UNIT OWNER ACH PAYMENT FORM**

**Instructions:** If you would like to authorize your association to deduct payments by automatic deduction, please complete the form below. If your account is a joint account, both account holders must sign. Please attach a voided, unsigned check from your account to this form. Return the original form and voided check to your association, C/O Island Condo Mgmt. Retain a copy of this form for your files. We will process your account for automatic deduction as soon as possible after we receive your form. Depending upon your association, the monthly charge may vary, but most often it remains the same unless the amount of charges change, which you will be notified by your association. We would appreciate receiving this form by the tenth day of the month for automatic payments to take effect the following month.

NEW FORM     INFORMATION CHANGE

Account Holder Name: \_\_\_\_\_

Joint Account Holder: \_\_\_\_\_

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

Unit Number: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Account Name(s) on Checks: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Branch Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Routing (ABA) Number: \_\_\_\_\_ Checking Account Number: \_\_\_\_\_

\_\_\_\_\_  
*Signature(s) Authorizing Island Condo Mgmt for ACH Withdrawal from Account Listed Above*

Date Signed: \_\_\_\_\_ Social Security or FEIN #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please return an original, completed form, along with a VOIDED check to the address listed above to initiate ACH Processing Setup. Payments will be made via ACH upon completion of the back verification process. The charging of your bank account will be on or about the tenth (10<sup>th</sup>) of the month that your payment is due. Voided check is used for verification of Account and Routing Numbers Only. If you cannot provide one, we will not be able to process the ACH Withdrawal. Questions regarding this form or your ACH Transactions should be directed to the bookkeeping department (Marie or Ext 234) at the address/number listed above.**