

SurePay Application (attention: Accounting Department)

I/We authorize Certified Management, Inc. to initiate the following action for the owner(s) identified below; effective _____

Owner's Name(s) and Unit #

Condo/Project Name

Phone Number(s)

_____ (residence)

_____ (business)

_____ (other)

Type of Service (check ONE):

NEW Application

CHANGE in financial institution and/or account number

CHANGE from my bank's bill paying service to Certified's SurePay

STOP or discontinue service (allow 10 business days to process)

I/We authorize the financial institution named below to accept the Automated Clearing House (ACH) transfers and charge my checking or savings account shown below to pay the association charges:

Financial Institution _____

Branch _____

Type of Account:

CHECKING (attach voided check or deposit slip)

SAVINGS (account # _____)

Apply To:

MAINTENANCE FEES

LEASE RENT

"BOTH" Maintenance Fees and Lease Rent

SPECIAL ASSESSMENT

OTHER _____

Signed _____

(signature must be the same as shown and signed on checks)

Date _____