TRITON
PROPERTY MANAGEMENT

Completed forms should be returned to this address with a voided check.

Southampton Property Association
c/o Triton Property Management
900 E. Indiantown Rd. Suite 210
Jupiter, FL 33477

AUTHORIZATION FOR ACH AUTOPAY

This will authorize **Southstate Bank** to prepare an automatic clearing house (ACH) debit in the amount of **$**_____(approved monthly maintenance) from my account on the **5th of each month.** The first ACH debit should occur in _____[month], _____[year] and monthly thereafter until this authorization is canceled by me in writing.

Please note, in the event the Board approved annual budget requires an increase or decrease in dues, your draft amount will be automatically updated as a courtesy.

BANK NAME: _____

BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

** **PLEASE INCLUDE A VOIDED CHECK WHEN RETURNING** **

It is necessary to complete all information requested to avoid delay in processing

Address: _____ HOA Account #_____

Print Name: _____ Phone #_____

Email address: _____

_____ _____
SIGNATURE DATE