



AUDIT DEBIT CHANGE FORM

Please change my current auto debit account that I have with Sun Lakes Homeowners Association #2 to this current bank account. I have attached a voided check.

Type of Account:

Checking Account

Savings Account

Date: _____

Member # _____

Homeowner Name: _____
(Print Name)

Sun Lakes Property Address: _____

Phone # _____

HOMEOWNER SIGNATURE: _____

Attached Below is a voided check with my bank name and number to be used. (Deposit slips are **NOT** acceptable.)

ATTACH VOIDED CHECK HERE

OFFICE USE

Changed in Jonas

Scanned into VMS Pro



AUTO DEBIT CANCELLATION

I/We would like to cancel the Auto Debit payment program on my/our Homeowner's Association dues account.

NOTE: The Balance of the account will need to be paid in full before the 1st of the month.

Cancellation Effective Date: _____ **Member #:** _____

Homeowner Name: _____
(Print Name)

Sun Lakes Address: _____

Phone #: _____

Reason for Canceling:

_____ **Selling Home**

_____ **Switch to Semi-Annual / Annual Payment**

_____ **Other (Please give a reason)**

HOMEOWNER SIGNATURE: _____

OFFICE USE
_____ Changed in Jonas
_____ Scanned into VMS Pro