

STEVENSON, WILLIAMS MANAGEMENT COMPANY

Authorization for Termination of Reoccurring Electronic Payments

I hereby authorize Stevenson, Williams Management to terminate reoccurring ACH or Credit Card payments from my financial institution to my HOA account as indicated below.

Owner's Name: _____ Date: _____

Community: _____ Email: _____

Address: _____ Telephone: _____

SELECT PAYMENT ACCOUNT TO BE REMOVED:

BANK ACCOUNT

Name as it appears on bank account: _____

Bank Name: _____

Routing #: _____ Account Number: _____

CREDIT CARD

Name as it appears on card: _____

Account Number: _____ Expiration Date: _____

Owner's Signature

Date

Submit this form a minimum of 10 business days before the next scheduled payment to facilitate termination. Forms received fewer than 10 business days before the next scheduled payment will not be processed in time to stop the scheduled payment. Once reoccurring payments have been terminated it is the responsibility of the Owner to arrange an alternate and timely payment method. Invoices will not be sent to Owner. An Owner may at any time choose to self-enroll for automatic reoccurring payments through **Owner Access** or **Frontsteps**. Stevenson, Williams Management is not responsible for Owner re-enrollment.

**Owner, Submit this form to
Stevenson, Williams Management
Accounting Department.**

Via mail:

**Stevenson, Williams Management
Attn: Mike Miller
666 Washington Road
Pittsburgh, PA 15228**

Via email:

mmiller@stevensonwilliamsco.com

For Office Use Only

Date Received : _____

Comments: _____

Initials: _____ Date Executed: _____