

# We Need Your Help!!!

For the past year, our accounts receivable have been running higher than previous years.

There are two common causes creating this issue:

1. Owners forget
2. Checks are getting lost in postal system

There is a way ALL owners can help. Owners can enroll in the Automatic Debit Service from Centennial Bank. It is simple and VERY reliable. Once enrolled, you never have to worry about incurring late fees ever again!!!

The process to enroll is simple:

1. Fill out the form completely
2. Our association name is Myakka River Trails Improvement Association
3. The unit ID is the number of your street address (e.g., 820)
4. At a minimum, please check the Maintenance type of payment
5. Make the start month January 2022. You will still have to write a check for the upcoming dues
6. Don't forget to send a voided check

Thank you for your support,  
Dan Tremblay - Treasurer



**AUTOMATIC DEBIT SERVICE**

**SIGN UP FOR THE AUTOMATIC DEBIT SERVICE FOR YOUR ASSOCIATION ASSESSMENT FEES  
IT'S EASY AND CONVENIENT**

- ◆ Your U.S. bank checking or savings account will be debited for your assessment fees based on the day you select and the payment frequency determined by your association. If the debit day you select is on a weekend or federal holiday, your payment will be debited the following business day. Your bank statement will reflect "Assoc Pymt" when a debit has been processed to your account.
- ◆ Centennial Bank requires 5 days to setup your enrollment. If your enrollment form is received after the debit day and month you select, your account will be debited on the debit day of the next scheduled payment.
- ◆ If you have multiple assessments for your association, you must complete a separate enrollment form for each payment you wish to have automatically debited.
- ◆ Simply mail the completed Automatic Debit Enrollment form and a voided check to:  
CENTENNIAL BANK  
PO BOX 30061  
TAMPA, FL 33630-3061
- ◆ Centennial Bank will notify you in writing of your first debit date. Please continue to make your payment until you are notified.
- ◆ If you wish to change your bank account information or cancel your automatic debit, you must notify Centennial Bank in writing at least 5 days prior to the next debit. You may submit your requests in writing to the PO box shown above.

**IMPORTANT REMINDERS**

If you are using an electronic means to make your association payment and sell your unit, please be sure you cancel your electronic payment to prevent future debits to your bank account.

All questions regarding your association or payments should be directed to your management company or association.

<<<<<<<< CUT OR TEAR HERE >>>>>>>>

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**CENTENNIAL BANK AUTOMATIC DEBIT ENROLLMENT**

Association Name:			
Unit ID:		Payment Type: <input type="checkbox"/> Maint <input type="checkbox"/> Spec Assmt <input type="checkbox"/> Other	
Name:		Phone:	
Address:			
City:		State:	Zip:
Bank Name:		City:	State:
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank RTG #:	Bank Account #:	
Start Month:	Debit Day (Check One): <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th		

I hereby authorize Centennial Bank to initiate debit entries to my checking or savings account from the U.S. bank listed above for my association payments. By signing this document, I acknowledge the following: The debit will occur based on the payment frequency provided by the association or management company and on the day indicated above. If the debit day falls on a weekend or federal holiday, my payment will be debited the following business day. If this occurs, my payment could be considered late and the association may assess a late fee. If I wish to cancel my automatic debit or change my bank account information, I must notify Centennial Bank in writing at least 5 days prior to the next debit. The management company or association is authorized to change amounts, change account information, or cancel this debit.

REMEMBER TO ATTACH A VOIDED CHECK

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Bank Use Only:

Assoc UID:
DocPAN:

