



**AUTOMATIC WITHDRAWAL REQUEST FORM
MONTHLY BILLING**

Omni Management Group offers automatic withdrawal from your bank account for your association dues. Please provide us with the following information and **a voided check** in order to get this set up. We must receive this information by the 30th of the current month if you wish this process to begin for the next month. If received after the 30th the auto withdrawal will not be set up for the next month and the account will have to be made current prior to auto withdrawal starting.

COMMUNITY: _____

NAME: _____

ADDRESS: _____

CITY, ST, ZIP: _____

PHONE #: _____

AMOUNT: (account must be current) _____

START DATE: _____

I authorize Omni Management Group to set up automatic withdrawal from my bank account and to withdraw the above amount on the **fifth** of every month.

SIGNATURE: _____

Please remit signed form and voided check to the address below.

Omni Management Group, LLC
PO Box 07522
Fort Myers, FL 33919
ATTN: Becky Moran
PHONE: 636-294-1418
FAX: 877-573-2526