



**AUTOMATIC WITHDRAWAL REQUEST FORM
MONTHLY BILLING**

OMNI management services inc. offers automatic withdrawal from your bank account for your association dues. Please provide us with the following information and **a voided check** 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 you are currently on ACH please note we will continue to debit your account. You will not need to submit this form again.

COMMUNITY: _____

NAME: _____

ADDRESS: _____

CITY, ST, ZIP: _____

PHONE #: _____

AMOUNT: (account must be current) _____

START DATE: _____

I authorize OMNI Management Services, Inc. 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 Services, Inc
P.O. Box 441570
Indianapolis, IN 46244
PHONE: 317-541-0000
PHONE: 888-541-0018
FAX: 317-541-0002