



HARBECK HOSPITALITY
EXCEEDING EXPECTATIONS

Association Name: _____ Account Number: _____

Property Address: _____

Owner Name: _____ Email Address: _____

Name(s) on Bank Account (Business Name if Used): _____

Financial Institution: _____ Routing #: _____

Account Type: _____ Account #: _____

- Personal Checking
- Personal Saving
- Business Checking
- Business Saving

***Please attach a copy of a voided check or verification letter from your bank to the form.**

_____ I/we hereby authorize Harbeck Hospitality to initiate EFT (automatic withdrawals) from my/our checking accounting for credit to the above-named account between the 1st and 5th monthly/quarterly/annually.

Please return the completed form by email to ar@hhmgt.com or by mail to 2626 Tampa Rd. #203, Palm Harbor, FL 34684.

Signature _____

Date _____

Signature _____

Date _____