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Office (954) 284-3080 Fax (954) 284-3081 Email: customerservice@goenumerate.com
Accounting ~ Condominium Accounting ~ Financial Management ~ Consulting

November 25, 2024

Owners – Royal Park Condominium Apartments, Inc.
Oakland Park, FL 33309

RE: Change in Accounting Services

Dear Owner,

We take this opportunity to inform you that effective November 1, 2024, Enumerate Financial Services (formerly known as Sharma & Associates, Inc.) will handle all accounting related functions. Enumerate is a full-service accounting firm whose practice is focused on Community Association Accounting. As part of this change:

- ✓ The association will be moving their banking relationship to Truist
- ✓ New coupon books will be sent to you for your 2025 Maintenance

DUES PAYMENTS MAY BE MADE IN ONE OF THE FOLLOWING WAYS:

1. **Check** – Owners can mail their check directly to the Association’s bank Lockbox using the mailing address below.
2. **Bill Pay** – Owner’s payment sent directly from their bank, i.e., Payments are “Pushed” out of the Owner’s bank account, will need to update their payment mailing address to the bank Lockbox address below.
3. **Autopay** –You can enroll in autopay by completing the Truist Association Pay (ACH) Authorization form. Once completed you can fax or email or mail it directly to Truist bank. Please find fax phone number and email address at the top of the ACH authorization form and mailing address on the form.
4. **Online Payments** – Credit cards and e-check payments are available through Truist website. Please refer to your coupon book for more information.

NOTE: 2025 Maintenance assessment payments will not be accepted at the Royal Park Condominium Office.

Please make your check payable to Royal Park Condominium Apartments, Inc. and mail to bank Lockbox with COUPON at:

Royal Park Condominium Apartments, Inc.
C/O TRUIST
PO BOX 628207
ORLANDO, FL 32862

REMINDERS: Please Include your Building and Unit Number in your Check.

Please feel free to contact our office at customerservice@goenumerate.com or 954-284-3080 (Option 3) for any question, concern, or guidance you may need during this transition process.

On behalf of the Board of Directors,
Royal Park Condominium Apartments, Inc.

Truist Association Pay (ACH) Authorization

Truist Association Services Phone: 727-549-1202 or Toll Free Phone: 888-722-6669
Toll Free Fax: 866-297-8932 Email Address: ASDAutopay@Truist.com

Sign up to automatically pay your association payment from your checking or savings account at any U.S. financial institution. We are unable to accept authorizations for accounts located outside of the United States.

Enroll online through the 25th of the month to be effective for the next debit month by visiting Truist.com/Payments. If your association is not set up for online enrollment, complete the authorization form below. Complete a separate authorization form for each payment obligation.

To enroll by U.S. mail - Complete the authorization form below and attach a voided check. Mail form to **Truist Association Services, P.O. Box 2914 Largo, FL 33779-2914**. Continue to make your payments until you are notified by the bank when your automatic payment will start.

Association Pay Terms and Conditions:

- You are enrolling in Association Pay to authorize recurring payments through electronic funds transfers by ACH debit entries.
- When your payment is due, your account is debited automatically on the 3rd of the month. If the 3rd is on a weekend or holiday, your account is debited the next business day.**
- Payments will appear as **your full or abbreviated Association Name** on your bank statement.

Paper authorizations must be received by the 20th of the month to be effective for the next debit month. If the 20th falls on a weekend or holiday, the deadline is the last business day prior to the 20th. This Authorization will remain in effect until Truist receives written notice from you or your association or its management company to cancel or change it. You hereby authorize Truist to accept changes in amounts or account information or cancellation of this Authorization from the association or its management company. Notice from you must be in writing and sent to the address referenced below or faxed to Truist Toll Free Fax: 866-297-8932. Notice must be received by Truist on or before the 27th of the month to be effective for the next debit date. When the 27th of the month falls on a weekend or holiday, the deadline is the last business day prior to the 27th. Some exceptions apply; visit Truist.com/Payments to view the Association Pay deadline calendar. You may print a Cancel or Change Request for Association Pay from the Truist Online Payment System or online at Truist.com/Payments. All payments initiated for debit are subject to acceptance by the designated financial institution. All ACH transactions authorized herein must comply with applicable U.S. law. Your completion of this authorization form indicates your agreement to be bound by the NACHA Operating Rules. For questions, contact Truist Association Services Toll Free at 888-722-6669. Doc ID# 109

Truist Bank, Member FDIC.

Keep top section for your records

Mail enrollments, cancels or changes to Association Pay: Truist Association Services – P.O. Box 2914, Largo, FL 33779-2914

Attach voided check when applicable

Association Pay (ACH) Authorization

Return bottom section

Association or Community Name: _____ Unit No. _____

Bank Account Owner Name _____ Phone _____

Mailing Address _____ City _____ State _____ Zip _____

Property Address _____ City _____ State _____ Zip _____

Bank Name _____ Bank Routing No. _____

Checking Savings Account No. _____ Check box if account to debit is a business account.

By signing this authorization, you agree to the following: 1) I have read and agree to the Terms and Conditions provided and 2) I am authorized to initiate transactions on the account provided. I authorize a) the above named association to debit/credit the account to process my association payments b) Truist to initiate electronic funds transfers by ACH debit/credit entries to the account for the purpose of processing those payments and c) the financial institution to withdraw and/or credit payments from/to my account. Doc ID# 109

SIGNED _____ **DATE** _____

Email _____ Effective Month for ACH to start _____

BILL PAY ACC#:	SERIAL #:	Unit #:	FREQ:	GROUP #:
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