

# ENUMERATE

Making community management easier.

3363 W. Commercial Blvd, Suite 105 Ft. Lauderdale, FL 33309

Office (954) 284-3080

Fax (954) 284-3081

Email: [customerservice@goenumerate.com](mailto:customerservice@goenumerate.com)

Accounting ~ Condominium Accounting ~ Financial Management ~ Consulting

August 15, 2023

Owners – Chelsea Bayview Condominium Association, Inc  
Hallandale Beach, FL 33009

**RE: Change in Accounting Services**

Dear Owner,

We take this opportunity to inform you that effective August 1, 2023, Enumerate Financial Services (formerly known as Sharma & Associates, Inc.) is handling all accounting related functions. Enumerate Financial Services is a full-service Accounting firm whose practice is focused on Community Association Accounting. Please see below general information regarding your monthly payments.

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

**MAINTENANCE:**

**Check** – Owners can mail their check directly to the Association’s bank Lockbox using the mailing address below.

**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.

**Autopay**–You can enroll in autopay by completing the TRUIST form attached. Once completed you can fax or email it directly to Truist bank. Please find fax and email at the top of the ACH authorization form. **If your unit was already enrolled on autopay with Truist, no action will be needed as your ACH should continue until you cancel it with the bank.**

**Online payments** – Online payments can be submitted through Truist web site, [Truist.com/payments](http://Truist.com/payments). Owners will need their bill pay number to use this feature.

**Please make your check payable to Chelsea Bayview Condo and mail to bank Lockbox at:**

**Chelsea Bayview Condo  
C/O Truist  
PO BOX 628207  
ORLANDO, FL 32862**

**SPECIAL ASSESSMENTS:**

**Check** – Owners can mail their check directly to the Association’s bank Lockbox using the mailing address below.

**Bill Pay**– Owner’s payment sent directly from their bank, i.e., Payments are “Pushed” out of the Owner’s bank account, using the bank Lockbox address below.

**Autopay**–You can enroll in autopay by completing the Enumerate ACH form attached. Once completed you can fax or email it directly to our office. Please find fax and email at the top of the ACH authorization form. **If your unit was enrolled on autopay with the prior accounting firm for your Special Assessment payments, you will need to enroll with our office.**

**Online Payments**– Owners can pay using their bank account using this [link:https://tfsv.cincwebaxis.com](https://tfsv.cincwebaxis.com), the account ID will be the same as the unit number.

**Please make your check payable to Chelsea Bayview Condo and mail to bank Lockbox at:**

**Chelsea Bayview Condo  
C/O Valley National Bank  
PO BOX 166306**

**MIAMI, FL 33116**

**REMINDERS: Please Include your Unit Number in your Check.**

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

On behalf of the Board of Directors,  
Chelsea Bayview Condominium Association, Inc

# ENUMERATE

Making community management easier.

3363 W Commercial Blvd. #105 Ft. Lauderdale, FL 33309

Phone: (954)284-3080 Fax: (954)284-3081 Email: customerservice@goenumerate.com

## Authorization Agreement for Preauthorized Payments

(Please print information clearly, then mail or fax form and voided check to address above)

**Completed form must be received by the 25<sup>th</sup> of the month to be effective for the next debit month**

Unit Owner Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Unit #: \_\_\_\_\_

Property Address: \_\_\_\_\_

I (we) hereby authorize **Chelsea Bayview Condo**, and/or their assigns, hereinafter called the ASSOCIATION, to initialize entries to my (our) account indicated below at the DEPOSITORY, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name: \_\_\_\_\_

Routing or ABA Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Effective (Start) Date: \_\_\_\_\_

**This authorization is to remain in full force and effect until the Association has received written notification from me (or either of us) of its termination in such time and in such a manner as to afford the Association and/or its assigns, and financial institution(s), a reasonable opportunity to act on it.**

Payments to be deducted:

**Special Assessment:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Date

**PLEASE NOTE:** A VOIDED CHECK MUST BE PROVIDED WITH THIS AUTHORIZATION FORM IN ORDER TO VERIFY BANK INFORMATION. FUNDS WILL BE DEDUCTED BASED ON THE ASSOCIATION SCHEDULE (MONTHLY OR QUARTERLY) BY THE 3<sup>RD</sup> DAY OF THE MONTH DUE. RETURNED OR REJECTED ACH'S ARE SUBJECT TO RETURNED ACH FEES AS WELL AS APPLICABLE ASSOCIATION LATE FEES.



# 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](http://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](http://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](http://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 #:
----------------	-----------	---------	-------	----------