

Strongroom | Payment and Transfer Request Form

Date of Request: 7/17/2023

Branch Name: Associa Gulf Coast

Recurring Invoice: No

How many times: NONE Day of Month to Pay:

Payment FROM Association: Terrace Park of Five Towns #14

Payment Payable TO: Norma Cianci Estate

Care Of (as applicable): c/o Grace Critelli
Vendor Address: 13025 Pelican Ln

City, State & Zip: Madeira Beach, FL 33708

Payment FROM Bank Account: Primary Operating Account

Department:

Reason for Payment Request: Reimburse homeowner for overpayment 131-6887

Payment Due Date:

Invoice Amount: \$400.00

Amount & GL Code: 2050

Amount & GL Code: Amount & GL Code: Amount & GL Code:

NOTE

- ACH Payment Information must be sent using the Vendor Master Maintenance Form located on the intranet under Client Accounting > Client Shared Services Center.
- If this is an emergency payment request, please fill out and submit the Emergency Payment Request Form. Then send filled out form to ClientAP-emergency@associa.us

Requestor Name: Chimere Hillary

Requestor Phone: Requestor Email:

