**NFI Property Management Solutions, LLC**

**7139 N. 9th Ave., Suite “P”, Pensacola, FL 32504**

**AppFolio, OUR HOA SOFTWARE ALLOWS YOU TO MAKE YOUR PAYMENTS ONLINE AND RECEIVE COMMUNICATION FROM THE MANAGEMENT COMPANY VIA EMAIL. THIS SAVES YOUR HOA MONEY IN COPY AND POSTAGE EXPENSE EVEN IF YOU DO NOT WISH TO TAKE ADVANTAGE OF ONLINE PAYMENTS. IN ORDER TO GET YOUR ONLINE PORTAL WE MUST HAVE THIS EMAIL AUTHORIZATION FORM COMPLETED AND MAILED TO US.**

**Email Authorization Form**

In order to cut the ongoing costs of running your association, NFI Property Management Solutions, LLC can utilize email rather than the USPS. Florida Statutes governing the administration of your authority to do so. If you wish to take advantage of this service please complete the fields below and return this form to our office at the address listed above.

*I hereby authorize NFI Property Management Solutions, LLC* *to communicate with me using the email address below for the purposes including, but not limited to, billing, reminders, meeting information and information relevant to my ownership within the Association. NFI Property Management Solutions, LLC* *will not pass on my email address to any third party without my express and written permission. I will make every effort to update NFI Property Management Solutions, LLC, in writing, of any changes to my email address and will hold them harmless for any errors resulting in my failure to do so.*

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Subdivision Name: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Indicate by SIGNING below if you consent to receiving email notifications for the following categories:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Mailing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Letters & Notices: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bills & Statements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE FOR AUTHORIZATION TO BE VALID IT MUST BE RETURNED TO OUR OFFICE AS AN ORIGINAL SIGNED DOCUMENT**

**Data > Office Forms**