

THE AUTOMATIC ASSESSMENT PAYMENT SERVICE

_____ Homeowners Association Inc.
P.O. Box 19209, Greensboro, NC 27419

Owners Name(s): _____ HOA Acct#: _____
Owner Address: _____ Home phone #: _____
_____ Work phone#: _____
Mailing Address: _____ Cell phone #: _____

I(we) hereby authorize _____ Homeowners Association, Inc. hereinafter called **COMPANY**, to initiate debit entries, for the purpose of authorized assessments by the Association, to my (our) checking/savings account indicated on the attached voided check (checking account) hereinafter called **DEPOSITORY**, to debit the same to such account.

This authorization is to remain in full force and effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

NOTES:

- 1. IF FOR ANY REASON THIS DRAFT DOES NOT CLEAR YOUR ACCOUNT FOR TWO CONSECUTIVE MONTHS, THE DRAFT WILL BE STOPPED IMMEDIATELY.**
- 2. YOUR ACCOUNT MUST BE CURRENT IN ORDER FOR COMPANY TO DRAFT YOUR ACCOUNT OR YOU MUST CONTACT COMPANY TO ARRANGE A PAYMENT PLAN.**

Month to begin draft: _____ Date Submitted: _____

(IMPORTANT: Accounts are drafted on the 10th of each month and requests should be received by the 5th of the month.)

Owner Name(s): _____ (print) Owner Name(s): _____ (print)
_____ (signature) _____ (signature)

ATTACH VOIDED CHECK HERE