AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENTS (DEBITS)

THIS IS MY AUTHORIZATI		_
	Association Name	
TO AUTOMATICALLY DEB	IT <u>(DRAFT)</u> MY [] CHECKING [] SAVINGS ACCO	JUNT
Account Number	Bank Routing / Transit #	
AT THE	BRANCH OF	
Branch Street	Financial Institution	
INCity	, State & Zip	

Please Note: We draft all bank accounts on the 5th of each quarter in which dues are charged (January, April, July, October). If the 5th falls on a weekend or holiday, the bank draft is made on the following business day.

Please circle which quarter you would like your draft to begin: January April July October

For questions regarding the draft – please contact Tiffany at (336) 430-5026 or Tiffany.Lmgmt@gmail.com

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 calendar days following the date on which I was sent a statement of account or a written notice of such entry of 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my account.

THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.

Homeowner Name

Date

Signature

Property Address

Telephone

Email Address

Please attach a voided check for your account so that we can verify Bank # and Account #.