

**THE AUTOMATIC ASSESSMENT PAYMENT SERVICE**

4125-G Walker Ave, Greensboro, NC 27407

Community Name \_\_\_\_\_

Daytime phone #: \_\_\_\_\_ HOA Acct. #: \_\_\_\_\_

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

Owner Name: \_\_\_\_\_ Property Address: \_\_\_\_\_

Mailing Address (if different from the property): \_\_\_\_\_

I (we) hereby authorize **(Insert Community Name)** \_\_\_\_\_ 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)** or **deposit slip (savings 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.

**NOTE: IF FOR ANY REASON THIS DRAFT DOES NOT CLEAR YOUR BANK ACCOUNT THERE IS BE A \$25 CHARGE TO YOUR HOA ACCOUNT. THIS CHARGE WILL APPLY EACH TIME YOUR PAYMENT DOES NOT CLEAR. WE WILL CONTINUE TO ATTEMPT TO DRAFT YOUR ACCOUNT UNTIL SUCH TIME AS THE ACCOUNT BECOMES DELINQUENT TO THE POINT THAT WE ARE REQUIRED TO SEND IT TO THE COLLECTION ATTORNEY. SUFFICIENT NOTICE WILL BE SENT PRIOR TO ANY ATTORNEY ACTION.**

Month to begin draft: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**IMPORTANT:** Accounts can only be drafted on the 10<sup>th</sup> of the month due (if the 10<sup>th</sup> falls on the weekend the drafting will take place the following Monday). Drafting requests should be received by the 5<sup>th</sup> of the month you want your bank account drafting started.

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

2<sup>ND</sup> Owner Name (if applicable): \_\_\_\_\_

**PLEASE ENCLOSE A VOIDED CHECK FOR CHECKING ACCOUNTS, DEPOSIT TICKET FOR SAVINGS OR ENTER THE INFORMATION BELOW**

**ROUTING #:** \_\_\_\_\_ **ACCT #:** \_\_\_\_\_

**CHECKING ACCT:**  **SAVINGS ACCT:**