

Community Association Management

PO Box 8126
Ocean Isle Beach, NC 28469
910-579-5163
910-579-5160 – fax

RE: Automatic Bank Drafts

Dear Homeowner:

Your association offers automatic draft for your payments. If you are interested in having your payments drafted each month, please complete the lower section of this letter and return it with a voided check. Please verify account numbers and routing numbers with your bank. You will need to return the authorization form along with a voided check to our office at least two weeks before you would like the first draft to take place.

Drafts are taken on the 5th day of each month. Once the draft process is in place, you will need to notify us in writing that you wish to cease having your payments drafted. If you have any questions, please do not hesitate to call our office.

Thank you,
Christy Register-Chappell

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH DEBITS)

Company Name – Community Associations Management, Inc.

I hereby authorize Community Associations Management, Inc. to initiate debit entries to my ____ Checking Account ____ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called Depository, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

Depository Name _____ Branch _____
City _____ City _____ State _____

Routing # _____

Account # _____

Name (please print) _____

Association _____ Unit _____

Address _____ Phone _____

Signature _____ Date _____