## **AUTOMATIC DRAFT AUTHORIZATION**

This fully completed form must be received at the ELITE MANAGEMENT PROFESSIONALS, INC. office no later than the 25<sup>TH</sup> day of the month before the month you have chosen to start your draft. Your account must be current to enroll in automatic draft. To view your account, go to our website at <a href="https://www.elite-mgmt.com">www.elite-mgmt.com</a>, click on Communities, and select your community from the drop-down list. You will have to register if you have not already done so.

\*\*DRAFTS ARE PROCESSED ON THE 10th OF THE MONTH OR THE NEXT BUSINESS DAY\*\*

I HEREBY AUTHORIZE **ELITE MANAGEMENT PROFESSIONALS**, **INC.** TO DRAFT MY BANK ACCOUNT ON BEHALF OF MY HOMEOWNER ASSOCIATION.

- → I AGREE THAT ELITE MANAGEMENT PROFESSIONALS, INC. SHALL BE FULLY PROTECTED IN HONORING ANY DRAFT DRAWN IN ACCORDANCE WITH THESE INSTRUCTIONS. I AGREE THAT ELITE MANAGEMENT PROFESSIONALS, INC.'S RIGHTS AND TREATMENT OF SUCH DRAFTS SHALL BE THE SAME AS IF THE DRAFT WERE A PERSONAL CHECK SIGNED BY ME.
- → I UNDERSTAND ONLY THE AMOUNT OF MY CURRENT ASSOCIATION FEES AND ANY SPECIAL ASSESSMENTS WILL BE DEDUCTED FROM MY BANK ACCOUNT INDICATED BELOW, I UNDERSTAND THAT THE AUTHORIZED DRAFT AMOUNT IS SUBJECT TO CHANGE PERIODICALLY. RE-ENROLLMENT WILL NOT BE REQUIRED EACH YEAR.
- **→** THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL ELITE MANAGEMENT PROFESSIONALS, INC. RECEIVES MY WRITTEN NOTICE OF CANCELLATION.
- → ALL DRAFTS AUTHORIZED HEREUNDER SHALL BE APPLIED TO YOUR ACCOUNT IN ACCORDANCE WITH THE PAYMENT APPLICATION POLICY IN EFFECT WITH YOUR ASSOCIATION.

PAIMENT APPLICATIO	N POLICI II	VEFFECT WI	IN IOUK ASS	OCIATION.			
Community:							2
Homeowner Name: (please pr	rint)		1 /		7	$\Delta$	
Property Address:							
Preferred Phone Number:			Altern	ate Phone	7 4		
Bank Name:			E-mail	7 4			
Draft Amount: \$					/(		-
Circle Month To Start Draft:	JAN	FEB	MAR	APR	MAY	JUNE	
	JULY	AUG	SEPT	OCT	NOV	DEC	
I UNDERSTAND THAT MY DRAFT CANNOT BEGIN UNTIL MY ACCOUNT IS CURRENT AND THIS COMPLETED FORM AND A <u>VOIDED CHECK</u> HAVE BEEN RECEIVED BY <b>ELITE MANAGEMENT PROFESSIONALS</b> , <b>INC.</b>							
SIGNATURE:	DATE:						
PLEASE	SEND AU	THORIZAT Elite Mand 4112 Blue	ION BACK  agement Profe Ridge Road,	sionals, Inc. Suite 100	OIDED CH	ECK TO:	

accounting@elite-mgmt.com Phone: (919) 233-7660 Fax: (919) 233-7661

(Cancellation of draft will be attached when received by owner.)

START DATE: DATE ENTERED: CANCELLATION DATE:

FOR OFFICE USE ONLY: