

AUTOMATIC DRAFT AUTHORIZATION

This fully completed form must be received at the ELITE MANAGEMENT PROFESSIONALS, INC. office no later than the 25TH day of the month before the month you have chosen to start your draft. Only the amount of your current monthly Association Fees and any Special Assessments if required will be deducted from the account you have indicated below.

****DRAFTS ARE PROCESSED ON OR ABOUT THE 10th OF THE MONTH ****

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 THAT THE AUTHORIZED DRAFT AMOUNT IS SUBJECT TO CHANGE PERIODICALLY. RE-ENROLLMENT WILL NOT BE REQUIRED.
- 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.

Community: _____

Homeowner Name: (please print) _____

Property Address: _____

Preferred Phone Number: _____ Alternate Phone _____

Homeowner's E-mail: _____ Bank Name: _____

Draft Amount: \$ _____ monthly _____ quarterly _____ semi-annually _____ annually

Month To Start Draft: _____ JAN _____ FEB _____ MAR _____ APR _____ MAY _____ JUNE
_____ JULY _____ AUG _____ SEPT _____ OCT _____ NOV _____ DEC

I UNDERSTAND THAT MY DRAFT CANNOT BEGIN UNTIL THIS COMPLETED FORM AND A VOIDED CHECK HAVE BEEN RECEIVED BY ELITE MANAGEMENT PROFESSIONALS, INC. NO LATER THAN THE 25TH DAY OF THE MONTH PRIOR TO THE START DATE I HAVE LISTED ABOVE.

SIGNATURE: _____ DATE: _____

PLEASE MAIL AUTHORIZATION BACK WITH A VOIDED CHECK TO:

Elite Management Professionals, Inc.

4112 Blue Ridge Road Suite 100

Raleigh, NC 27612

autodraft@elite-mgmt.com

Phone: (919)233-7660

Fax: (919)233-7661

FOR OFFICE USE ONLY:

START DATE: _____ DATE ENTERED: _____ CANCELLATION DATE: _____

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