

THE AUTOMATIC ASSESSMENT PAYMENT SERVICE

Orchard Knob Owners Association Inc.

P.O. Box 16325, High Point, NC 27261

Owners Name: _____

Acct # _____

Owner Address: _____

Daytime phone # _____

Email Address: _____

I (we) hereby authorize Orchard Knob Owners Association Inc., 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 MY ACCOUNT FOR TWO CONSECUTIVE MONTHS, THE DRAFT WILL BE STOPPED IMMEDIATELY.

_____ Month to begin draft

Date Submitted: _____

(IMPORTANT: Accounts are drafted on the 10th of each month, requests must be submitted by the 1st of the month in which the draft is to begin.)

Owners Name(s) _____
(Print)

Owner Name(s) _____
(Print)

(Signature)

(Signature)

**ATTACH VOIDED CHECK FROM THE ACCOUNT TO BE DRAFTED
HERE**

Accounting Manager

Please make sure this homeowners association account has been setup for the monthly draft and the first draft will take place on (month/year): _____, 20____.