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. Your account must be current to enroll in automatic draft. To view your account, go to our website at www.elite-mgmt.com, 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.

Community: _____

Homeowner Name: (please print) _____

Property Address: _____

Preferred Phone Number: _____ Alternate Phone_____

Bank Name: _____ E-mail:_____

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 **VOIDED CHECK** HAVE BEEN RECEIVED BY **ELITE MANAGEMENT PROFESSIONALS, INC.**

SIGNATURE**:** _____DATE**:** _____

PLEASE SEND AUTHORIZATION BACK WITH A VOIDED CHECK TO:

Elite Management Professionals, Inc.
4112 Blue Ridge Road, Suite 100
Raleigh, NC 27612
accounting@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.)