

AUTOMATIC DRAFT AUTHORIZATION

PLEASE COMPLETE THE FOLLOWING AUTHORIZATION AND RETURN WITH A VOIDED CHECK OR A LETTER FROM YOUR BANK ON THEIR LETTERHEAD



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* Your bank account will be drafted on or about the first business day of the month your assessment is due.*

IMPORTANT NOTE: Automatic Draft can only be performed for Associations whose billing is monthly, quarterly or semi-annual. Additionally, the draft can only be done during the month the dues are assessed.

- Monthly dues the draft is done monthly
- Quarterly dues the draft is done January, April, July and October
- Semi-annual dues the draft is done in January and July.

**** RETURN WITH VOIDED CHECK OR LETTER FROM YOUR BANK ON THEIR LETTERHEAD****

I/We hereby authorize (**Your Association's Name**) _____ to draft my bank account, as recorded below, for my Association Dues. **This Authorization will remain in effect until you receive my written cancellation notice.** I agree that you shall be fully protected in honoring any draft drawn in accordance with these instructions. I agree that your rights and treatment of such drafts shall be the same as if they were signed personally by me. I/We understand that the authorized amount is subject to change annually.

BANK NAME: _____

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: (check one) Checking Savings

ASSOCIATION NAME: _____

UNIT ADDRESS: _____

PLEASE START MY DRAFT THE FIRST WEEK OF _____ (MONTH)

YOUR EMAIL ADDRESS FOR CORRESPONDENCE _____

I understand that my draft cannot begin until this form is received with a **VOIDED CHECK OR A LETTER FROM MY BANK ON THEIR LETTERHEAD, BY THE 25TH OF THE MONTH BEFORE** the start date I have listed above.

Signature _____ Date _____