

THE AUTOMATIC ASSESSMENT PAYMENT SERVICE

Brook Run Homeowners Association Inc.

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

Owners Name: _____

Acct # _____

Owner Address: _____

Daytime phone # _____

I (we) hereby authorize Brook Run Homeowners 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 YOUR 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 for draft need to be received before the 1st of the month for draft to take place during the requested month.)

Owners Name(s) _____
(print)

Owner Name(s) _____
(print)

(signature)

(signature)

**ATTACH VOIDED CHECK FROM THE ACCOUNT YOU WANT TO
DRAFT FROM HERE**

----- THE PORTION BELOW WILL BE RETURN ED TO YOU AS NOTIFICATION OF THE START OF YOUR BANK ACCOUNT DRAFTING -----

From: Accounting Manager

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

If at anytime you need to change your draft information please contact our office at 336-887-8975 and a Draft Information Change Form will be promptly mailed to you for completion.