

THE AUTOMATIC ASSESSMENT PAYMENT SERVICE

Stone Mill Village Homeowners Association Inc.

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

Email: goldenmgtnc@northstate.net

Owners Name: _____

Owner Address: _____

Email Address: _____

Daytime phone # _____

I (we) hereby authorize Stone Mill Owner's 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.)

Owner 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____. Acct # _____