

{Association Name}  
Care of Elite Management Services, Inc.  
PO Box 26366, Charlotte, NC 28221  
Phone: 855-238-8488  
ar@emspm.com  
Fax: 937-281-0157

**AUTOMATIC DRAFT OF HOMEOWNERS' ASSOCIATION DUES**

Elite Management Services offers the convenience of Automatic Direct Draft for your association assessments. The Automatic Direct Draft debits your homeowners' association assessments from your bank account. This eliminates the need for you to write checks.

**To set up this Automatic Draft, complete the following authorization form and return it to us with a voided check.** Please note: Forms received without a voided check will be processed using the numbers provided. Bank returns due to incorrect routing or account numbers on the form will be subject to a returned check fee which will be charged to your account.

Please send this form to:  
{Association Name}  
Care of Elite Management  
PO Box 26366, Charlotte, NC 28221 or  
Email: ar@emspm.com or Fax: 937-281-0157

*The account that you submit below will be charged between the 5th -10th of each billing cycle. This service can be canceled at any time by notifying Elite Management Services in **writing** at the above address.*

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFTS**

I hereby authorize Elite Management Services, Agent for HOA to initiate debits from my checking account at the financial institution listed below. Dues will be deducted between the 5th and 10th of each billing cycle.

This authority shall remain in full force and effect until Elite Management Service has received written notification from me of its termination, allowing reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

**This Authorization is Non-Negotiable and Non-Transferable.**

Name of Financial Institution: \_\_\_\_\_  
Branch \_\_\_\_\_  
Routing (ABA) #: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please circle the month that you would like for your ACH draft to begin:

Jan Feb March April May June July August Sept Oct Nov Dec

Most transitions take up to 30 days to receive all of the necessary information about the Community from the previous managing agent. Because of this, we are unable to draft a community during the first month of a transition. Please indicate below if you would like EMS to "double-draft" your Association dues.

\_\_\_ YES, please double draft my dues. \_\_\_ NO, I will remit payment by physical check, bill pay or with an online payment.