



Prestige Management Group, Inc.

Post Office Box 19127 Greensboro, NC 27419 336-378-1778

Pay Your Dues Through Bank Draft

To increase efficiency, save your association money, and save you time, Prestige Management Group would like to invite you to participate in the Bank Draft Program. This is an opportunity to have access to a more convenient and safer way of paying your Association dues. If you choose to participate in the Bank Draft Program, you will not have to remember to write and mail a check each month or quarter!

How does the bank draft work? The homeowner completes and signs the authorization form and returns it to our office along with a voided check. Please specify your Association name and street address on the check. This information is then forwarded to the bank. The amount of the Association dues are initiated to be drafted from your account between the 12th and 15th day of the month. Depending on your bank, it may show up sooner or later out of your account. Should the Board of Directors choose to increase dues all homeowners are given notice at least thirty (30) days in advance to keep all owners up to date and aware of the amount to be drafted from their account.

The only requirement for participating in the Bank Draft Program is that all homeowners who wish to participate must have accounts that are current and not past due. If you have any questions please feel free to contact our office and we would be glad to assist you.

Name of your Association \_\_\_\_\_

Address of pertinent property \_\_\_\_\_

Off site address (if applicable) \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_

Note: Please attach a voided check to this form.

AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENTS (DEBITS)

AUTHORIZATION TO PRESTIGE MANAGEMENT GROUP TO AUTOMATICALLY DEBIT MY

\_\_\_ CHECKING \_\_\_ SAVINGS ACCOUNT \_\_\_\_\_ (\_\_\_\_\_)
Account No. Bank Transit A.B.A. No. (Routing number)

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it 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.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged against my account. I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 calendar days following the date on which I was sent a statement of account, or written notice of such entry, or 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error and requesting a credit back to my account.

THIS AUTHORIZATION IS NONNEGOTIABLE AND NONTRANSFERABLE

Print Name

Date

Signature