



"Your community is in our hands."

LEGENDS
HOA MANAGEMENT CO., LLC
3107 S. Evans St. Suite B
Greenville, NC 27834
252-565-4820

AUTHORIZATION AGREEMENT FOR DRAFTS

Enter Start Date: New Draft: _____ Change Draft: _____ Stop Draft: _____

I (we) hereby authorize HOA MANAGEMENT CO., LLC to **draft \$60.00** against my account for the payment of **Legends Association dues on the 15th day of each month. I understand that this authority shall remain in full force and effect until written notification is received from me of its termination in such time and in such manner as to afford the association a reasonable opportunity to act on it.** If I am notified that association dues are going to increase, I understand that my draft will automatically increase at the time listed in the notice. You may email it to receptionhoa@gmail.com or mail to us at the address above or fax 252-355-4620.

OWNERS NAME(S): _____

UNIT NUMBER: _____

MAILING ADDRESS: _____

BANK NAME: _____

BANK ROUTING NUMBER: _____

CHECKING ACCOUNT NUMBER: _____

SIGNATURE: _____ **DATE:** _____

Revised 12/2018

VOIDED CHECK MUST BE ATTACHED

(office use only) Filed in Folder: _____ Date Entered into Bank: _____ Draft Date: _____