



"Your community is in our hands."

**SHAMROCK
HOA MANAGEMENT CO., LLC**
3107 Evans St. Suite B
Greenville, NC 27834

AUTHORIZATION AGREEMENT FOR DRAFTS

Check One:

New Draft: ___ Change Draft: ___ Stop Draft: ___

I (we) hereby authorize HOA MANAGEMENT CO., LLC to **draft \$85.00** against my account for the payment of **Shamrock Association dues on the 1st 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.

OWNERS NAME (S): _____

UNIT NUMBER: _____

MAILING ADDRESS: _____

BANK NAME: _____

BANK ROUTING NUMBER: _____

CHECKING ACCOUNT NUMBER: _____

SIGNATURE: _____

DATE: _____

If any questions or concerns on the draft of dues, please contact 252-565-4820 or email at receptionhoa@gmail.com

Revised 08/2017

VOIDED CHECK MUST BE ATTACHED

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