



"Your community is in our hands."

The Gates HOA
HOA MANAGEMENT CO., LLC
3107 S. 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 \$156.75 against my account for the payment of The Gates 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.

HOMEOWNER(S)' NAME(S) _____

UNIT NUMBER _____

HOMEOWNER'S MAILING ADDRESS _____

BANK NAME _____

BANK ROUTING NUMBER _____

CHECKING ACCOUNT NUMBER _____

HOMEOWNER'S SIGNATURE _____ **DATE** _____

*If you have any questions or concerns on the drafting of dues, please contact
Linda Price at 252-565-4820 ext. 7 or email lpricehoa@gmail.com.*

Revised 03/20

VOIDED CHECK MUST BE ATTACHED

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