



Tara Condominium Owners Association - Bank Draft Authorization

UNIT # : _____ Effective Date: _____ Amount to Draft: _____

I (We) authorize HOA Management Co. LLC to draft against my account for the payment of Tara Owners Association dues on the 15TH day of every month. I understand 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 upon it. If I (we) are notified that the association dues are increased, I understand that my draft will automatically increase at the time and date listed on the Unit Owner notice.

Owner Name: _____

Co-Owner Name: _____

Mailing Address: _____

Bank Name: _____

Bank Routing Number: _____ Checking Account Number: _____

Signature: _____ Date: _____

Co-Owner _____ Signature: _____ Date: _____

Send authorization to HOA Management Company, 3107 Evans St. Ste B, Greenville, NC 27834 or email receptionhoa@gmail.com. If you have any questions or concerns about drafting your monthly dues, please contact Linda Price @ 252-0565-4820 ext: 6 or email at lpricehoa@gmailcom

YOU MUST ATTACH A VOIDED CHECK WITH THIS COMPLETED FORM TO HOA