*“Your community is in our hands.”*

***BROOKSTONE HOMEOWNERS ASSOCIATION***

***HOA MANAGEMENT CO., LLC***

***3107 Evans St. Suite B***

***Greenville, NC 27834***

**AUTHORIZATION AGREEMENT FOR DRAFTS**

**New Draft:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Change Draft:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Stop Draft:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### UNIT NUMBER: \_\_\_\_\_\_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_\_\_\_\_\_ DUES TO DRAFT: \_\_\_\_\_\_\_\_\_\_

I (we) hereby authorize HOA MANAGEMENT CO., LLC to **draft $165.00** against my account for the payment of **Brookstone Association dues on the 15th day of January and July.** **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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BANK NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BANK ROUTING NUMBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHECKING ACCOUNT NUMBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

# *VOIDED CHECK MUST BE ATTACHED*