

**THE AUTOMATIC ASSESSMENT PAYMENT SERVICE
for Gallimore Management Associates, Inc.**

Homeowners Association Inc.

P.O. Box 2325, Advance, NC 27006

Owners Name: _____ Lot/Unit # _____

Owner Address: _____ **Daytime** phone # _____

I(we) hereby authorize _____ Homeowners Association Inc to draw monthly bank drafts on my(our) checking/savings account indicated on the attached **voided check, monthly payment** or **deposit slip** for the purpose of authorized assessments by the Association.

This authorization is good until Gallimore Management Associates has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Gallimore Management Associates and your bank a reasonable opportunity to act on it.

Owners Name(s) _____ Owners Name(s) _____
(Print) (Print)

(Signature) (Signature)

Your homeowners' association account will be setup for monthly draft and the first draft will take place the month following receipt of authorization form and bank information (voided check, deposit slip, or monthly payment). Accounts are drafted on the 10th of each month.

NOTE: IF FOR ANY REASON THIS DRAFT DOES NOT CLEAR YOUR ACCOUNT FOR TWO CONSECUTIVE MONTHS, THE DRAFT WILL BE STOPPED IMMEDIATELY.



Please contact us to make a change to your draft information
PO Box 2325, Advance, NC 27006
Phone: 336.766.0440 Fax: 336.766.9003
Website: www.GMATriad.com E-mail: info@GMATriad.com