



M E R I D I A N

Meridian Realty Services, Inc.  
147 S. Cherry Street, Suite 100  
Winston-Salem, North Carolina 27101  
336.722.1986

## **AUTHORIZATION FOR AUTOMATIC DRAFT**

As a convenience to me/us, I/we hereby authorize Meridian Realty Services, Inc. ("Meridian"), on behalf of my/our owner association, to initiate debit entries to my/our checking account at my/our bank named below (the "Bank") on or shortly after the fifth of each month for the then current amount of any of my/our owner association assessments, including if necessary, adjustments (debits & credits) for any transactions made in error. This authorization grants Meridian the authority to adjust my/our draft amount in accordance with the Association Budget approved by the Board; and includes the authority to draft special assessments as approved by the Board.

This authorization will be effective beginning on or shortly after the fifth (5<sup>th</sup>) day of \_\_\_\_\_, **20**  
**(please indicate month/year to begin)** and will continue on or shortly after the fifth (5<sup>th</sup>) day of each month the payment is due in accordance with the frequency of payments established by my/our owner association (i.e., monthly, quarterly, etc.) until I, or either of us, notify Meridian in writing to cancel it in such time as to afford Meridian a reasonable opportunity to act on it prior to charging the account; or I, or either of us, may contact the Bank in sufficient time to allow the Bank to act on it prior to the account being charged.

If said debit is dishonored on my/our account due to my/our fault, and penalties or additional fees are assessed, I/we agree that I am/we are responsible for such cost and Meridian may immediately discontinue this service. Otherwise, Meridian may discontinue this service at any time, by giving me/us thirty-days prior notice at the address shown below.

Name of Owner Association: \_\_\_\_\_

Property Address & Unit No: \_\_\_\_\_

My/Our Bank (the "Bank"): \_\_\_\_\_

Print Name(s) on Account: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Account Holder

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Account Holder

**Please attach a voided check (not a deposit slip). Both signatures required if a joint account. Return this original completed form along with the voided check to Meridian at the address shown above.**

**Attach Voided Check Here (not a deposit slip) & Mail to Meridian at Address Shown Above**