

## PAYMENT AUTHORIZATION FORM

Please automatically deduct my assessment from my Bank account.  
(Complete the application below and return with a VOIDED CHECK.)

Monthly \$ \_\_\_\_\_       Quarterly \$ \_\_\_\_\_       Yearly \$ \_\_\_\_\_

**Your account will be drafted on or after the 15<sup>th</sup> of the month.**  
**“At Its Best” will contact you once the draft has been set-up. Until that time, please continue to make your regular monthly payment.**

Name(s) \_\_\_\_\_

Association Name, Address and/or Unit # \_\_\_\_\_

Telephone Number \_\_\_\_\_

Bank Name and Location \_\_\_\_\_

Bank Phone Number \_\_\_\_\_

Owner's Email \_\_\_\_\_

Authorization Agreement:

I hereby authorize \_\_\_\_\_ **HOA** via “At Its Best” Mtg. Company to automatically deduct homeowner’s dues for the homeowner’s Association indicated above, at the financial institution named in this application. I further authorize the financial institution to accept this debit and charge it to my account. I understand that both the financial institution and \_\_\_\_\_ **HOA** via “At Its Best” Mtg. Company reserve the right to terminate my participation in this payment plan. I also understand that I may discontinue enrollment at any time with written notice to “At Its Best” Homeowners Association Management Company.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN THIS FORM TO THE FOLLOWING ADDRESS:

“At Its Best”  
Attn: Accounts Receivable  
PO Box 1124  
Carolina Beach, NC 28428