

Hawthorne Management Company, Inc.

Auto Debit Payment Option

As an added convenience for homeowners in your community, Hawthorne Management Company offers a payment option that will automatically debit the checking or savings account of your choice for your homeowner association assessments. Hawthorne Management Company will automatically debit your bank account on the 5th business day of the month in which your association dues are payable.

The automatic debit is similar to the ones that you may use for payment of your insurance or utility bills. The association debit will be the same amount each billing month. The amount of debit will only change, if and when, your homeowner association dues change. For this reason, we will only offer this payment plan to homeowners who are current with their dues. You may discontinue this automatic debit payment method whenever you wish by contacting Hawthorne Management Company.

We are excited about this new payment option for our Associations. To activate this automatic debit plan, **complete the attached form** and **send a voided check on the account you wish to have debited.**

Please continue to send your payments to Hawthorne Management Company until you are notified in writing of the effective date of your first automatic draft payment.

If you have any questions, please feel free to contact Marsha Koelle at 704-377-0114, Ext. #103 or fax the information to 704-347-4475.

Thank-you,

Return the enclosed authorization form with voided check to:
Hawthorne Management Company
Attn: Marsha Koelle
PO Box 11906
Charlotte, NC 28220

Automatic Debit Plan Form

I authorize Hawthorne Management Company, Inc., as managing agent for the _____
Homeowners Association, Inc., to automatically debit my [] checking [] savings account.

Bank Account # _____

Routing Number _____

Financial Institution _____

City _____ State _____ Zip _____

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Staple voided check here

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if within 15 calendar days following the date on which I was sent a statement of account or a written notice of such entry of 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my bank account.

THIS AUTHORIZATION IS NONNEGOTIABLE AND NONTRANSFERABLE.

Customer Name _____

Address _____

Phone _____ E-mail _____

Association Name _____

Signature _____ Date _____