

Omega Association Management, Inc.
1010 Buck Jones Road
Raleigh, NC 27606
919-461-0102/919-461-0106 (fax)

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I hereby authorize Omega Association Management, Inc., to initiate debit entries to my checking account indicated below and the financial institution below to debit the same to such account.

Date: __/__/____
Financial Institution: _____
City/State/Zip Code: _____
Account Number: _____

I understand that this authorization will be in effect until I notify my financial institution and Omega Association Management, Inc. in writing that I no longer desire this service, allowing adequate time to act on my notification. The amount and frequency of authorized debit is indicated below. I understand that as the association's assessment changes, the amount drafted from my account will change accordingly.

Association name: **Oxford Hunt**
Assessment Amount: **\$41.00 Monthly – to be drafted the 2nd Thursday of the month**

Name: _____

Daytime Phone Number: _____

Property Address: _____

Alternate Mailing Address (if applicable): _____

City/State/Zip Code: _____

Email Address _____

Signature _____

***For this application to be processed:
It must be completed in its entirety.
A voided check must be attached (deposit slips are not acceptable).
Incomplete applications will be returned by mail to the homeowner.**

Please note that only current charges can be drafted and not past due amounts. Accounts need to be current before signing up for the automatic draft.

| TO BE COMPLETED BY OMEGA: | |
|----------------------------------|--|
| Routing/Transit #: | |
| Bank Account #: | |
| Cancellation Date: | |