



PO BOX 83 PINEHURST NC 28370 (877) 420-9320  
E-MAIL [accounting@casnc.com](mailto:accounting@casnc.com) Fax (910) 295-0182

Dear Homeowner:

CAS has reached an agreement with Centura Bank to offer a monthly automatic draft for the payment of your assessments/dues. You now have the choice to either continue making your payment(s) along with your coupon(s) via check, or have your dues drafted directly from your checking account. The drafted amount will be automatically deposited into your Association's account at Centura. The amount of the current assessment/dues will be automatically deducted from your checking account around the **5th** day of each month.

If you are interested in having a monthly draft established for your assessment/dues, please complete and sign the Authorization Agreement and **return the bottom portion only to CAS with a VOIDED CHECK--PLEASE DO NOT SEND A DEPOSIT SLIP**. If you think you may be interested in doing this at a later date, please keep this information and forward it to us at that time. You may continue to send your payments directly to Centura as you are currently doing. Please be sure to include your payment coupon for the month(s) you plan to pay with the check you enclose.

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**AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFT**

This is my authorization to automatically debit my account around the 5<sup>th</sup> of each month for the amount of my homeowners' association dues.

I understand this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing reasonable time to act on my notification. I also understand that if corrections in the debit amounts are necessary, it may involve an adjustment (debit or credit) to my account. I have the right to stop a draft payment by notifying my financial institution before the account is charged.

**THIS AUTHORIZATION IS NONNEGOTIABLE AND NONTRANSFERABLE.**

**Property Address:** \_\_\_\_\_

**Name of Homeowner Association:** \_\_\_\_\_

**Print Name(s):** \_\_\_\_\_

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

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

**Both signatures are needed for a joint account. Thank you.**

**Please return form and voided check to: CAS, Inc.  
PO Box 83  
Pinehurst NC 28370**