



P.O. Box 83, Pinehurst, NC 28370 1-877- 420-9320  
E-mail: [lisac@casnc.com](mailto:lisac@casnc.com) fax: (910) 295-0182

Dear Homeowner:

CAS, Inc. can make your life easier and eliminate the chance of postal delays when paying your homeowner association dues. We offer an automatic draft program, which allows you to give CAS authorization to debit your homeowner association dues directly from your checking account. This feature eliminates the need to write a check and to keep up with a coupon book.

With the automatic draft program, everything is done for you electronically without the delay of paperwork or the postal system. We draft the current assessment/dues amount automatically from your checking account on or after the 5<sup>th</sup> day of each quarter.

To sign up for the automatic draft program, **simply complete and sign the form below** and mail it back to the address above **with a VOID CHECK**. A deposit slip will not be sufficient.

**\*\*We must receive the Form and VOID check no later than the last day of the month prior to the month that you would like the draft to begin.**

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### **AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFT**

This is my authorization for CAS, Inc. to automatically debit my checking account, on behalf of my homeowners association, on or after the 5<sup>th</sup> of each quarter for the most current amount of my homeowner's association dues.

I understand this authorization will be in effect until I notify CAS, Inc. 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 CAS, Inc. 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**