

WESTRIDGE PROPERTY GROUP, INC

**P.O. Box 10172
GREENSBORO, NC 27404
336 288.1109-TELEPHONE
336.286.8085-FAX**

DRAFT PAYMENT SERVICES

Return this with a VOIDED check to:

Georgetowne Square Homeowner's Association
P.O. Box 10172, Greensboro, NC 27404

Owner's name: _____

Street Address: _____

City & Zip: _____

I hereby authorize Georgetowne Square Homeowner's Association, hereinafter called ASSOCIATION, to initiate debit entries for the purpose of **authorized monthly assessments only** by the Association, from my checking/savings account indicated below at the BANK named below.

Bank name _____

City _____ State _____

Routing number _____ (Found at the bottom of your check)

Account number _____

This authorization is to remain in full force and effect until Westridge Property Group, Inc. has received written notification from me of its termination in such time and in such manner as to afford Westridge Property Group, Inc and the BANK a reasonable opportunity to act on it.

Owners name _____ Unit # _____
(print)

Date: _____

Owners name _____ (signature)

ALL DRAFTS WILL BE MADE ON THE 5TH DAY OF EACH MONTH OR THE CLOSEST BUSINESS DAY AFTER THE 5TH IF THE 5TH IS ON A WEEKEND OR A HOLIDAY.