**Cypress Island HOA, Inc.** **Authorization for Automatic Payment**

I authorize "**Cypress Island HOA Inc.,**" (**the "Association**"), Wilmington, N.C. to initiate entries to my checking/savings accounts. This authority will remain in effect until I notify the Association in writing to cancel this authorization. Notice shall be provided to Cypress Island HOA Inc., C/O Blue Atlantic Management, 5129 Oleander Drive Ste. 101, Wilmington, NC 28403. I agree that the Association will have a reasonable opportunity to act on my cancellation. I can stop payment of any entry by notifying my financial institution three (3) days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to ten (10) days following issuance of my financial institution statement or 60 days after posting, whichever occurs first.

As a convenience to me, I hereby request and authorize Cypress Island HOA Inc. to automatically debit my checking account for my homeowner's association dues, or special assessments which amount shall be provided to the Homeowner by the homeowner's association each month and credit the homeowners association account listed below on my behalf. The authorization will be effective beginning on the fifteenth (15th) day of _____, 20( ) , and will continue on the fifteenth (15th) day of each calendar month thereafter or, if this is a weekend or holiday, the first working day thereafter.

If said debit is dishonored on my account, I agree that the Bank may charge me a fee and may discontinue this service. The Cypress Island HOA Inc. may discontinue this service at any time, by giving me thirty days written notice.

**Debit my checking account:**

Customer Account Name (As shown on account)_____ or _____

Customer Address_____

Financial Institution _____ Checking Account Number _____

Routing and Transit Number _____

Account to be credited: Cypress Island HOA Inc.

**I UNDERSTAND AND AGREE TO THE TERMS OF THIS SERVICE.**

_____
Signature – Authorized Account Holder

(**If a joint account both parties must sign**.)

_____
Signature – Authorized Account Holder

**ATTACH YOUR VOIDED CHECK (Must be the same account as listed in BOX above)**

**HERE**