

# PPM AUTOMATIC DRAFT FORM



**SAVE TIME AND MONEY!**

We can draft your account for the amount of your homeowner association assessments. You will never need to remember to send in a check again. If you are interested in this service, please complete this form and return it to us. **Assessments will be drafted as they are invoiced. For example, if your assessments are \$100/ month, your account will be drafted \$100 on the first of the month. No changes to the amount or timing can be made.**

**YES!** Please draft my account the first day of each payment period, for the amount of my association assessments. My signature below authorizes a one-time payment for any balance due on my account once this form is received. A voided check from my account is enclosed. **If your home falls under a Master and Sub-Association both managed by PPM, please note this form will be applied to both accounts.** If you wish for this not to be the case, please email [accounting@ppmral.com](mailto:accounting@ppmral.com).

Please allow up to 5 business days for processing. You will receive an email once the draft from your account is set up.

**Association/ HOA** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, Zip** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Phone** \_\_\_\_\_

By signing below, I am agreeing to have my checking account drafted on the first day of each payment period in the amount of my association dues. In addition, my signature authorizes a one-time draft for any balance due on my account at the time this form is received. I am also aware that any drafts that are returned due to insufficient funds are subject to a \$25.00 service charge as provided in N.C. Statute 25-3-506. Should a draft payment be returned for insufficient funds, I authorize a one-time draft for that payment, including the service charge. I will be notified via email 15 days prior to the draft. PPM, Inc. reserves the right to discontinue auto-draft or recurring payments in the event any payment is returned or reversed due to insufficient funds or a stop-payment.

**Signature** \_\_\_\_\_

**Please return this form to:** PPM, Inc.  
11010 Raven Ridge Road  
Raleigh, NC 27614

**or email to:** [accounting@ppmral.com](mailto:accounting@ppmral.com) *(check image must be included with form)*

**or fax to:** (919) 844-9969

**(ATTACH VOIDED CHECK HERE)**  
**Form cannot be accepted without a voided check.**  
**Thank you for your cooperation!**