



**PPM AUTOMATIC DRAFT FORM
SAVE TIME AND MONEY!**

We can draft your account for 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.**

Supplemental Amenity charges (Pool Keys/Bark Fobs/Fitness Center Keys) will be automatically deducted within 10 business days after the request. To avoid the automatic deduction, we kindly request you to provide an alternate payment method or make the necessary payment before the deadline.

YES! Please draft my account on the first day of each payment period, for 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 this not to be the case, please email accounting@ppmral.com.

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 the completed form using one of the methods below. (The form must contain an image of a check)

Mail: PPM, Inc. 11010 Raven Ridge Road Raleigh, NC 27614

Email: accounting@ppmral.com

Fax: (919) 844-9969

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