

Authorization Agreement for Preauthorized Payments

ASSOCIATION _____ Date _____

HOMEOWNER _____

ADDRESS _____

I hereby authorize Priestley Management Company to initiate debit entries to my checking account.

This authority is to remain in full force and effect until company and depository has received written notification from me or it's termination in such time and in such manner as to afford company and depository a reasonable opportunity to act on it.

Date _____ Signed _____ (Seal)

Start Draft on the 5th day of _____ (Month)

--Your assessment will be drafted from your account on the fifth day of each month--

--Please attach your voided check here:

Return your completed form and voided check to the following:

Priestley Management Company
Post Office Box 9479
Greensboro, NC 27429