

DEBIT AUTHORIZATION FORM:

I (we) hereby authorize **BAYBERRY COVE PROPERTY OWNERS' ASSOCIATION** or its agent to initiate debit entries to my checking/savings account(s) at the financial institution listed below and if necessary, initiate adjustments for any transactions debited in error. This authority will remain in effect until **BAYBERRY COVE PROPERTY OWNERS' ASSOCIATION** is notified by me (us) in writing to cancel it in such time as to afford **BAYBERRY COVE PROPERTY OWNERS' ASSOCIATION** and the financial institution a reasonable opportunity to act on it.

I acknowledge my right to receive prior notice of any debit entry which varies from the approved monthly/quarterly/semi-annual association fee debit entry in any amount.

\_\_\_\_\_  
(NAME OF PROPERTY OWNER(S)'S FINANCIAL INSTITUTION OR BANK)

\_\_\_\_\_  
(ADDRESS OF FINANCIAL INSTITUTION - BRANCH, CITY, STATE, & ZIP)

X \_\_\_\_\_  
(PROPERTY OWNER(S) SIGNATURE) (DATE)

\_\_\_\_\_  
(NAME OF PROPERTY OWNER(S) - PLEASE PRINT)

\_\_\_\_\_  
(PROPERTY ADDRESS - PLEASE PRINT)

\_\_\_\_\_  
(MAILING ADDRESS [IF OTHER THAN PROPERTY ADDRESS] - PLEASE PRINT)

If this authorization is received by **BAYBERRY COVE PROPERTY OWNERS' ASSOCIATION** prior to the **20<sup>TH</sup> of the current month** the first draft will occur on the **2<sup>ND</sup>** of every month, quarter, or semi-annual term beginning \_\_\_\_\_ (month) 200\_\_\_\_. Each payment thereafter will occur on the **2<sup>ND</sup>** of each respective month unless the **2<sup>ND</sup>** should fall on a weekend or bank holiday. In that instance, the payment will be drafted on the next business day.

**Account Type (circle one):** CHECKING or SAVINGS

BANK ACCOUNT NUMBER (Second Set of Numbers): \_\_\_\_\_

BANK ROUTING NUMBER (First Set of Numbers): \_\_\_\_\_

**\*\*PLEASE ATTACH A VOIDED CHECK\*\***

**Return form and voided check to:**

United Property Associates  
Attn: Alisha Roberson  
525 S. Independence Blvd., Ste. 200  
Virginia Beach, VA 23452  
Fax: (757) 499-7659

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(COMPANY USE ONLY)  
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ASSOCIATION NUMBER: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

UNIT NUMBER: \_\_\_\_\_

PER:  Monthly  Quarterly  Semi-annual

RECEIVED: \_\_\_/\_\_\_/\_\_\_

ACCOUNT TYPE:  Checking  Saving

START DATE: \_\_\_/\_\_\_/\_\_\_

ENTERED BY: \_\_\_\_\_

ON: \_\_\_/\_\_\_/\_\_\_