

DIRECT DEBIT OF MONTHLY DUES

Direct Debit is a service in which your monthly dues are withdrawn electronically from the financial institution of your choice. The funds will be debited from your account on a mutually agreed upon date. Your dues will be automatically credited to your membership account at Central Carolina Bank. We will continue to provide you with information on the amount of your monthly dues and any local dues requested by your Association. In addition you will see the debit amount and date of debit reflected on your next bank statement.

To receive the many benefits of this service, you will need to sign an authorization for us to automatically debit your personal check or savings account for monthly dues. We will transmit your debit information to Central Carolina Bank for processing. The information will then be transmitted to your bank or savings institution for withdrawal from your account. Because virtually all financial institutions participate in the direct debit program, there should be no need to alter your current banking arrangements.

Consider the following benefits:

- You will be assure of continued membership in the association
- There is no need to waste time and money mailing a check
- Your renewal funds are secure, so you do not have to worry about lost or stolen checks
- Payment information is strictly confidential
- There should be no cost for you from your bank to participate in this program

To help us determine your interest in the direct debit service, please check one of the following spaces and return this form along with a voided check to Carolina Association Management P.O. Box 220267, Charlotte, NC 28222.

_____ I would like to participate in direct debit and have completed the information below

_____ I am not interested in direct debit at this time

AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENT (ACH DEBITS)

Name _____

I (We) hereby authorize Carolina Association Management to initiate charges to the checking () savings () account in the amount specified below and the depository named below is authorized to debit that account. If the amount varies, the company will send written notice of the amount and the scheduled date of transfer at least ten (10) calendar days before the scheduled transfer date.

Depository Name: Carolina Association Management Branch _____

City: Charlotte State: NC Zip Code: 28205

Bank Transit/ABA _____ Account Number _____

Amount	Range of Amounts	Exceeds	Transfer Date
\$ _____	\$ _____ - \$ _____	\$ _____	_____

This authority is to remain in effect until the depository has received written notice of termination and has been provided a reasonable opportunity to take action. The depository customer has the right to stop payment of debit entry by notifying the depository prior to changing the account. If the organization initiates an incorrect debit entry to the customer's account, the customer shall have the right to ask the depository to credit the amount from the entry to the account. To obtain proper credit to the account the customer shall have fulfilled the following conditions; Notify the depository in writing of the incorrect entry within fifteen (15) calendar days following the date the customer received the statement of account or a written notification of that entry or sixty (60) calendar days after posting, whichever comes first.

Name _____ Identification No _____ (Address)

Date _____ Signed _____ Signed _____