HOA-ENC Payment Authorization Form

HOA Management of Eastern North Carolina, Inc.
1302 E. Fire Tower Road
Greenville, NC 27858

Owner Information

Owner Name: _____

Date of Birth: _____
Required for payment processing and verification.

Unit / Property Address:_____

Association Name: _____

Owner Mailing Address: _____

Phone Number: _____ **Email Address:** _____

Payment Authorization

I, _____, hereby authorize HOA Management of Eastern North Carolina, Inc. "HOA-ENC" to charge the account listed below for association dues, assessments, or other authorized charges for the property listed above.

Please select one payment option:

☐ **One-Time Payment**
Amount Authorized: $_____
Date to Process Payment: _____

☐ **Monthly Recurring Payment**
Amount Authorized: $_____
Date of Monthly Draft: _____

☐ **Semi-Annual Recurring Payment**
Amount Authorized: $_____
Draft Dates: _____

☐ **Annual Recurring Payment**
Amount Authorized: $_____
Date of Annual Draft: _____

Payment Method

Please select one payment method:

Bank Account / ACH Draft

☐ **Bank Account / ACH Draft**

Name on Bank Account: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Account Type:
☐ Checking
☐ Savings

Please attach a voided check, or provide the routing and account number above.

Credit Card Payment

Name on Credit Card: _____

Card Type:
☐ Visa
☐ MasterCard
☐ Discover
☐ American Express

Card Number: _____

Expiration Date: _____

Security Code: _____

Billing ZIP Code: _____

Dues Increase / Payment Amount Changes

Recurring payments will be processed only in the amount authorized on this form.

If association dues, assessments, or payment amounts increase in the future, the owner is responsible for contacting HOA-ENC to update the authorized payment amount. HOA-ENC will not automatically increase the payment amount without updated authorization from the owner.

Failure to update the payment amount may result in an unpaid balance, late fees, interest, or other charges according to the association's governing documents and collection policy.

Authorization

By signing below, I authorize HOA-ENC to process the payment selected above using the payment method provided. I understand that this authorization will remain in effect for recurring payments until I provide written notice to cancel or change the payment authorization.

I understand that my date of birth is required for payment processing and verification purposes.

I understand that I am responsible for ensuring the payment amount is correct and that sufficient funds or available credit are available at the time of processing.

Owner Signature: _____

Date: _____

Office Use Only

Date Received: _____

Association: _____

Owner Account Updated: ☐ Yes ☐ No

Recurring Payment Set Up: ☐ Yes ☐ No ☐ N/A

Payment Method: ☐ ACH ☐ Credit Card

Processed By: _____

Notes: _____
