

BCHOA DIRECT DRAFT

For Homeowner's Monthly Dues

I authorize Beau Chene Homeowners Association, Inc. to initiate withdrawals from my account at the financial institution named below for payment of dues. This authorization will remain valid until either I, or my financial institution revokes it.

I can suspend payment of this draft by giving written notice to Beau Chene Homeowners Association, Inc at any time prior to 4:00 p.m. three business days before the first day of each month (the date my payment is scheduled for deduction from my account.)

I understand that the Direct Payment program is an alternative method of payment only and does not otherwise affect my rights or the rights of Beau Chene Homeowners Association, Inc. or my financial institution with respect for each other. I further understand that Beau Chene Homeowners Association, Inc. and my financial institution reserve the right to terminate the Direct Payment plan and/or my participation in it. If I wish to cancel my participation in the Direct Payment plan, I may do so by notifying Beau Chene Homeowners Association, Inc. in writing.

Property Address: _____

B.C.H.O.A. Account Number: _____

Please Attach to this form a Voided Check on the Account you would like debited.

Account Title: _____

Authorized Signature: _____

Joint Account Signature: _____

Financial Institution Name: _____

Address: _____

Transit/ABA Number: _____

Account Number: _____

Estimated Amount of Monthly Payment: \$ _____