

Automated Draft Authorization

Unit Address: \_\_\_\_\_

Association: \_\_\_\_\_

As a convenience to me, I authorize Northern Virginia Management, LLC, to debit my bank checking account described below for the amount of my monthly assessment. Credit this amount to the operating account.

The rights in respect to such transfer shall be the same as if the transaction was a personal check. I understand that if the transfer is dishonored due to insufficient funds, a late fee will be assessed.

Checking Account Number: \_\_\_\_\_

Bank Routing (ABA #): \_\_\_\_\_

Bank Name: \_\_\_\_\_

Amount to be Charged: \_\_\_\_\_

Starting Month and Year: \_\_\_\_\_

Transaction Date: \_\_\_\_\_

This agreement may be cancelled or changed upon written notice to Northern Virginia Management, LLC.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please include a "blank and voided" check for bank verification

MAIL OR FAX TO:

Northern Virginia Management  
4306 Evergreen Lane, Suite 101  
Annandale, VA 22003  
FAX (703) 941-9005

check here if you are making changes to your current account information, i.e. you are closing your account and wish to change the account your fees are withdrawn from