

**TALIS MANAGEMENT GROUP, INC.  
VOLUNTARY BANK DRAFT AUTHORIZATION FORM**

**AUTOMATICALLY!**

**Save time and postage next month and every month!**

Complete this form, sign it and send it back via mail, fax or email by the 20th of the month prior to the month to begin that you have indicated below. Your payment will be automatically deducted from your checking or savings account on the fifth day of each month in which a payment is due. Other than each and every month, payments are due January, April, July and/or October if assessments are either annual, semi-annual or quarterly. To discontinue auto-draft you must provide notification in writing.

Please provide as much of the following Personal and Banking information as possible.

Note: You must **include a voided check** to ensure accuracy in setting up your account!

**Personal Information**

Name	_____
Property Street	_____
Address	_____
City State and Zip	_____
Code	_____
Phone Number	_____
Email Address	_____

**Banking Information**

Bank Name	_____		
Location	_____		
(city, state)	_____		
Account Type is	Checking _____	Savings _____	
Bank Routing and	_____		
Transit or ABA#	_____		
Account#	_____		
Month to begin	_____		

**Assessment Information**

<b>For Office Use Only</b>	Community Name	_____					
	Account Number	_____					
	Account Balance	Amount	As of				
	Assessment	_____	_____	_____	_____	_____	
	Amount	_____	Frequency	Monthly	Quarterly	Semi Annual	Annual
	AR Approval	Initials	Expected Refund Date				
	Entered CINC /	Initials	START	BAL			
	Noted Jenark on	_____	_____	_____	_____	_____	_____



Authorization and agreement: I understand and fully accept that any balance due on my account must be paid in full in order to participate in the automatic bank draft program. By signing below I agree to have any balance due drafted immediately upon processing this authorization.

Signature \_\_\_\_\_

The above information is true and correct. I understand and agree to the terms of this document.