



Resource Property Management, LLC

Mailing Address
 P.O. Box 1866
 Pittsboro, NC 27312
 PH: (919) 240-4045
 Fax: (919) 651-1387
 rpmpropertypros.com

Payment Plan Request

Note: Interest and/or late fees will only continue to accrue on the unpaid balance on your account when you break this payment arrangement. If your circumstances change and you cannot make the payment as indicated, then please let us know immediately.

Homeowner Name:	
Property Address:	
Property Name:	

Your balance as of _____ is _____. This balance does not include any future assessment billings, miscellaneous charges, late fees, etc., which will due and payable once assessed.

Please indicate your Proposed Payment Plan Schedule Below:

Date Payment will be received at RPM	Amount of payment
	\$
additional months - assuming no dues increases or additional assessments	\$
	\$
	\$
	\$

Call (919) 240-4045 for amount of the Final Payment which will include any accrued late fees and interest. The final payment must bring the total account balance to zero.

Owner Signature:	Date:
Association Approval:	Date:
Phone Number:	Cell Number:
E-Mail Address	
Notes: You must agree to an auto draft in order to get a payment plan approved. Additional paperwork required.	

Should you have any question or concerns, please call (919) 240-4045 or email ccobb@rpmpropertypros.com.

Sincerely,

RPM Collections Department

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize _____ (HOA name), hereinafter called COMPANY to initiate debit entries to my (our) Checking Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account in the amount of \$ _____. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository (Bank) Name _____

Branch _____

City _____ State _____ Zip Code _____

Routing Number _____

Account Number _____

This authorization is to remain in full force and effect until HOA has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name (s) _____

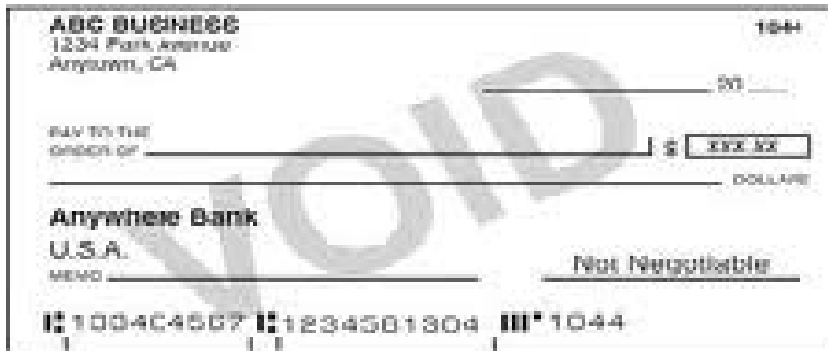
Property Address _____

Date: _____

Amount \$ _____

Signature (s) _____

PLEASE DON'T FORGET TO INCLUDE A VOIDED CHECK



- 1 Bank Routing Number (requires 9 digits)
- 2 Bank Account Number (not to exceed 17 digits)

Fax form to (919) 651-1387 or E-mail it to ccobb@rpmpropertypros.com