Dear Southern Village Neighbor,

Berkeley Property Management, LLC, is pleased to be your new Homeowners Association Management Company.   We are a local company with local presence.   The following is our contact information:

General Inquiries:	300 Market Street	Payments:	Harrington Bank
	Suite 130 #21		c/o SVHOA
	Chapel Hill, NC 27516		P.O. Box 2233
	(919) 960-2836		Chapel Hill, NC 27515-2233
	manager@southernvillage.org		

Enclosed is your 2008 Annual HOA dues assessment.   We have four ways for you to pay your dues: (1) mail your payment to our address listed above, (2) stop by Ship-on-Site in Southern Village to drop off your payment, (3) stop by Harrington Bank in Southern Village to drop off your payment, or (4) complete the **Authorization Agreement for Direct Payments (ACH Debits)** request form below.   The completed executed authorization allows Berkeley Property Management on behalf of SVHOA to electronically draft funds from your designated account annually. If you choose the ACH Debit, please fill out the form below, attach a voided check and return both to Berkeley Property Management by January 15, 2008.

Company Name: Berkeley Property Management, LLC. ASSOCIATION ID NUMBER: **SVHOA**

I [we] Authorize Berkeley Property Management, LLC. hereinafter called "Management Company" to initiate debit entries to my [our] _____checking or _____savings account [please check option] indicated below at the depository financial institution named below. I [we] acknowledge that the origination of ACH transactions to my [our] account must comply with the provisions of U.S. Law.

DEPOSITORY NAME: _____BRANCH _____

CITY _____ STATE _____ ZIP _____

AMOUNT _____ ROUTING NUMBER _____

ACCOUNT NUMBER _____

This Authorization is to remain in full force and effect until the Management Company has received written notification from me [or either party] of its termination in such time and in such manner as to afford the Management Company and Bank a reasonable opportunity to act on it.

NAME [S] _____DATE _____

SIGNATURE [S] _____

NOTE: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

PLEASE ATTACH VOID CHECK OR VOIDED DEPOSIT SLIP