



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

ASSOCIATION: Parkview Heights Homeowners Association c/o Metro Property Management Inc.

Circle first month of debit: **January** **April** **July** **October**

Form must be received by management before 1st day of debit month.

Check here if you are **updating** your ACH information ____ Yes, update for month indicated above.

I (we) hereby authorize Parkview Heights HOA, hereinafter called ASSOCIATION, to initiate debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the financial institution named below, hereinafter called BANK, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. Monthly amount deducted will be that which is the current amount approved by the Board of Directors.

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

Bank Name: _____

Bank City: _____

State: _____ Zip Code _____

Bank Routing Number _____

Bank Account Number _____

This authorization is to remain in full force and effect until COMPANY 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) _____

Parkview Heights Property Address _____

Date: _____ Signature _____

VOIDED CHECK FROM ACCOUNT MUST BE AFFIXED HERE:

- You may scan and email completed form and voided check to MRyan@MetroPropertyMgt.com
- You may fax completed form with voided check to 303.309.6222
- You may mail completed form with voided check to:
Metro Property Management
10800 E Bethany Drive, Suite 235
Aurora CO 80014

Form must be properly executed and arrive in management's office before the 1st day of preferred month of debit.