

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

ASSOCIATION: Creekside Townhome HOA c/o Metro Property Management Inc.

First Month of Debit: _______. Form must be received by management BEFORE the fifth day of debit month. I (we) hereby authorize Creekside Townhomes 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 IN WRITING.

| | Bank Name: | | |
|---|------------------------------------|--|----|
| | Bank City: | | |
| | State: | Zip Code | |
| | | r | |
| Bank Account Number | | | |
| me (or eith | er of us) of its termina DEPOSI | Force and effect until COMPANY has received written notification fr tion in such time and in such manner as to afford COMPANY and ORY a reasonable opportunity to act on it. | om |
| Name (s) | | | |
| Creeksi | de Townhomes Proper | ty Address | |
| Date: | | Signature | |
| VOIDED CHEC | <u> K FROM ACCOUNT</u> | MUST BE AFFIXED HERE | |
| • You may scan and email completed form and voided check to | | 1 | |
| | | MRyan@MetroPropertyMgt.com | |
| • Y | ou may mail complete | d form with voided check to: | |
| Metro Property Management 10800 E Bethany Drive, Suite 235 | | | |
| | | | |
| | | Aurora CO 80014 | |
| F | | d with voided check and arrive in management's office BEFORE | |

the 5th day of preferred month of debit.