

Direct Payment

On, _____, 20__ I authorized
Sand Creek Villas Community Association, Inc.
P.O. Box 26422
Colorado Springs, CO 80936
Phone - 719-593-9811
Fax - 719-265-6481

to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the homeowners association at any time by writing to the address above.

Payments in the amount of **\$140.00** will be taken out on the first day of every month.
If the homeowner assessment changes at any time, your direct payment will automatically change accordingly. Date to begin withdraw _____

AUTHORIZATION FOR DIRECT PAYMENT

I authorize Sand Creek Villas Community Association and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it.

_____ (NAME OF FINANCIAL INSTITUTION)		_____ (BRANCH)
_____ (CITY)	_____ (STATE)	_____ (ZIP CODE)
_____ (SIGNATURE)		_____ (DATE)
_____ (YOUR NAME – PLEASE PRINT)		
_____ (ADDRESS - PLEASE PRINT)		
_____ (PROPERTY ADDRESS)		
PHONE _____	Cell _____	
Account Number _____	Checking ___ or Saving ___	
Financial Institution Routing Number _____		

Staple Voided Check Here