

Direct Payment

On, _____, 20__ I authorized
Sand Creek Villas HOA, 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 \$_____ 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 HOA, Inc. 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