AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Na	me: Pheasant Creek	Pheasant Creek Homeowners Association		
(We) hereby authorize Pheasant Creek Homeowners Association , hereinafter called COMPANY, to initiate debit entries				
to my (our) consumer Checking Account /or Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, 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 United States law.				
Depository (Bank) Name:		Branch:	Branch:	
City:		State:	Zip:	
Routing Number:		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.				
Account Name(s):		Property Address:	(Address Applicable at Pheasant Creek)	
Signature:		Date		
NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS <u>MUST</u> PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.				
RETURN TO:				
MAIL: Pheasant Creek Homeowners Association c/o Colorado Property Management Services P.O. Box 260849 Lakewood, CO 80226-0849 FAX: 303-974-1774 EMAIL: rseiwald@e-cpmsinc.com Please attach voided check below to initiate fund transfers:				
	Vo	ided Check		