

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 **\$110.00** will be taken out on the first day of every month.
If the homeowner assessment changes at any time, you're 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