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AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS (ACH Debits)

I / we hereby authorize Pagosa Hotel Mall Owner's Association, hereinafter called Association, to initiate debit entries to my / our

Checking Account Savings Account

indicated below and the depository named below, hereinafter called Depository, to debit same account.

Depository			
Name:	Branch:		_
City:	State:	_ Zip Code:	_
Transit / ABA #:	Account #:		-
Date to Start Debit Transactions:	(Needs to	match an Assessment Due D	vate).
This authority is to remain in full notification from me (or either of us and Depository a reasonable opportu- at Park Avenue Villas Homeowners A) of its termination in such ti nity to act on it. Such notices	me and in such manner as to should be mailed or delivere	afford Association d to the Association
Homeowner	Property		
Name: Mailing Address:			_
Homeowner Signature		Date	
	ATTACH VOIDED CH HERE		