AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS (ACH Debits)

I / we hereby authorize South Fork Ranches Master Homeowners 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 Date).

This authority is to remain in full force and effect until Association and Depository have received written notification from me (or either of us) of its termination in such time and in such manner as to afford Association and Depository a reasonable opportunity to act on it. Such notices should be mailed or delivered to the Association at South Fork Ranches Master Homeowners Association, 23 Buck Street, P O Box 782, South Fork, CO 81154.

Homeowner
Name: _____ Property
Address: _____
Mailing
Address: _____

_____ _____
Homeowner Signature Date

ATTACH A VOIDED CHECK HERE