



**AUTHORIZATION AGREEMENT FOR AUTO DEBIT PAYMENTS**  
Automated Clear House (ACH)

I/We, the undersigned unit owner, authorize Advance HOA Management, Inc. as Agent, and the Association named below to originate debit entries **on the 3<sup>rd</sup> of every month** via the Automated Clearing House (ACH) system to my/our account at the Depository Financial Institution named below for the purpose of paying monthly association fees and related increases.

This authorization shall become effective the first month following receipt of this form and shall remain in effect until written notice of modification or termination for the Unit Owner has been received in writing. **Notice must be received 10 days prior to the next withdrawal.** If my/our account is unable to be debited due to insufficient funds in my/our account, a \$20 service charge will be added to the amount owed to the Association. I have read and agree to the terms and conditions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form along with a voided check by one of the three methods below.**

**Fax:** 303-495-5895  
**Or Mail to:** Advance HOA Management, Inc.  
ATTN: Accounting  
P.O. Box 370390  
Denver, CO 80237  
**Or Email to :** [clientservices@advancehoa.com](mailto:clientservices@advancehoa.com)

\_\_\_\_\_  
**Association Name**

\_\_\_\_\_  
**Owner Full Name**

\_\_\_\_\_  
**Property Address**

\_\_\_\_\_  
**City/State/Zip**

\_\_\_\_\_  
**Home Phone Number**

\_\_\_\_\_  
**E-mail Address**

\_\_\_\_\_  
**Name on Bank Account**

**Type of Account:** Checking \_\_\_\_\_ Savings \_\_\_\_\_

\_\_\_\_\_  
**Routing Number**

\_\_\_\_\_  
**Account Number**

\_\_\_\_\_  
**Start Date**

