

# Direct Payment

On, \_\_\_\_\_, 20\_\_ I authorized  
Retreat at Rockrimmon HOA, Inc.  
P.O. Box 25952  
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 \$\_\_\_\_\_ will be taken out on the first day of every month.  
**If the homeowner assessment changes at any time, your direct payment will automatically change accordingly. Date to begin withdraw\_\_\_\_\_**

## AUTHORIZATION FOR DIRECT PAYMENT

I authorize Retreat at Rockrimmon HOA, Inc. 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**