

Highline Meadows Condominium Association
AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS

I (we) hereby authorize **Association & Community Management, Agent for the Highline Meadows Condominium Association**, to initiate debit and/or credit entries to my (our) account for monthly HOA dues payments.

Payment amount withdrawn will be the balance owing on the account and will be processed on the 5th day of each month.

ATTACH A VOIDED CHECK HERE

SELECT ONE: **CHECKING** **SAVINGS**

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

NAME(S) _____

Highline Meadows ADDRESS _____

PHONE # _____ **Email** _____

SIGNATURE(S) _____

DATE _____

*Please complete & return this form to 9250 W. 5th Ave. Lakewood, CO 80226
Your 1st payment withdrawal will serve as confirmation of our receipt of this form.*