

ACH DEBIT AUTHORIZATION AGREEMENTCOYOTE RUN

2030 Terry St, Suite 104 | Longmont, CO 80501

303.682.0098 303.682.1111 (fax)

fmc900@flagstaffmanagement.com flagstaffmanagement.com

I hereby authorize **FLAGSTAFF MANAGEMENT, INC.** (herein "FLAGSTAFF") to initiate debit entries, as stated below, to my checking account identified below at the depository financial institution named below, herein called "**MY BANK**," and to debit the same to such account. I acknowledge that the authorization of ACH transactions and debit entries pursuant thereto to my account must comply with United States Law.

If MY BANK does not honor a debit entry for any reason including, but not limited to, insufficient funds, I remain liable for the amount of the debit entry, for all other assessments owed to the homeowners association to which I am subject, for a \$20.00 service charge upon my HOA account, and for any service fee charged directly to me by MY BANK.

YOU MUST PROVIDE THE FOLLOWING "MY BANK" ACCOUNT INFORMATION. You must include a VOIDED CHECK on the account deductions will occur from.

MY BANK INFORMATION

BANK NAME			
CITY	STATE	ZIP CODE	
ROUTING NUMBER	ACCOUNT NUMBER		
Saturday or Sunday. I agree that FLAGS in my monthly HOA assessment. If any present the state of the second and account balance, as the case may be. This authorization is to remain in full force.	ery 15th of a calendar month, or on the Fr TAFF may increase the deduction amount of past due assessments are to be paid the do nount to reflect my then current monthly HO e and effect until FLAGSTAFF MANAGEMENT ation must be received by the 10th day of	only reflect a permanent increase eduction, once paid, I understand A assessment amount or my zero INC., receives written notification	
·	DATE S	SUBMITTED	
NAME	CELL PHONE	CELL PHONE	
ADDRESS WITHIN COMMUNITY			
MAILING ADDRESS			
	FO	R OFFICE USE ONLY	
	ACCO	OUNT CODE	
		ENTERED	