

## **ACH DEBIT AUTHORIZATION AGREEMENT**MEADOW MOUNTAIN

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 FLAGST in my monthly HOA assessment. If any p	ry 15th of a calendar month, or on the Fr AFF may increase the deduction amount of ast due assessments are to be paid the d bount to reflect my then current monthly HO	only reflect a permanent increase eduction, once paid, I understand	
	and effect until FLAGSTAFF MANAGEMENT tion must be received by the 10th day of onth.		
HOMEOWNER SIGNATURE	DATE:	SUBMITTED	
NAME	CELL PHONE	CELL PHONE	
ADDRESS WITHIN COMMUNITY			
MAILING ADDRESS			
	FO	R OFFICE USE ONLY	
	ACCC	OUNT CODE	
		ENTERED	