

ACH DEBIT AUTHORIZATION AGREEMENTPRAIRIE VILLAGE

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

STATE	ZIP CODE
ACCOUNT NUMBER	
increase the deduction amount ssessments are to be paid the o	Friday before if the 15th falls on a only reflect a permanent increase deduction, once paid, I understand OA assessment amount or my zero
	T, INC., receives written notification f a calendar month to prevent the
DATE	SUBMITTED
CELL PHONE_	
FC	OR OFFICE USE ONLY
ACC	COUNT CODE
	ENTERED
	STATEACCOUNT NUMBER a calendar month, or on the Fincrease the deduction amount assessments are to be paid the flect my then current monthly Harden to the flect my then current my the flect my the