

ACH DEBIT AUTHORIZATION AGREEMENTQUAIL CROSSING TOWNHOMES

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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	
I authorize a debit entry (deduction) every Saturday or Sunday. I agree that FLAGSTAF in my monthly HOA assessment. If any past FLAGSTAFF will reduce the deduction amour account balance, as the case may be.	F may increase the deduction amount of the details are to be paid the details.	only reflect a permanent increase eduction, once paid, I understand
This authorization is to remain in full force an from me of its termination. Such notification deduction on the subsequent 15th of a monti	n must be received by the 10th day of	
HOMEOWNER SIGNATURE	DATE SUBMITTED	
NAME	CELL PHONE	
ADDRESS WITHIN COMMUNITY		
MAILING ADDRESS		
		R OFFICE USE ONLY
	ACCO	OUNT CODE
		ENTERED