Authorization Agreement for Pre-Arranged Payments

MANAGING AGENT NAME: Greeley Community Management, LLC

Please select one:

New Request
Change Request
Stop Request

I (we) hereby authorized the above named company (the "MANAGING AGENT") to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our):

Please select one: Checking Account Savings Account

I (we) further authorize the depository named below (the "DEPOSITORY") to debit and/or credit the to such account.

*** Please attached a voided check to identify your bank account information ***

FINANCIAL INSTITUTION:

ACCOUNT NO: _____ ROUTING NO: _____

This authority is to remain in full force and effect until MANAGING AGENT has received written notification from me (or either of us) of its termination in such time and in such manner as to afford MANAGING AGENT reasonable opportunity to act on it. I (or either of us) have the right to stop payment of a debit entry by notification to DEPOSITORY at such time (at least five (5) business days) as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging such account. After such account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within fifteen (15) days following issuance of the account statement or sixty (60) days after posting, whichever occurs first.

NAME(S):

PROPERTY ADDRESS:

HOA / COMMUNITY NAME:

(Please note that your HOA is not Greeley Community Management)

DATE (MONTH) TO BEGIN:

Note: Payment will be debited the 1st of the month (if the 1st falls on a weekend the debit will occur Monday)

Signed:			Dated:	_
	DOI	NOT WRITE BELOW THIS LIN	NE	
		For Internal Use Only		
Dues are Paid (circle one): Monthly	/ Quarterly		
Date of First	Debit:			
Amount:				
Batch:		Discretionary:		
Name:			Identification:	_
Entered:				_