AUTHORIZATION AGREEMENT
AUTOMATIC DEPOSITS (ACH WITHDRAWALS)

Association Name: Roxborough Village Filing 16-A Deduction Start – Month/Year: _____

Property Address: _____

I (we) hereby authorize a representative of KC & Associates, LLC to initiate a direct withdrawal from my account listed below to pay homeowner assessments each month, and the Financial Institution to debit same to such account. I understand that the withdrawal will become effective on the 5th day of each month or the next business day if the 5th is a weekend or holiday. The amount of withdrawal will be the current monthly assessment rate for your association.

_____ _____
Your Current Financial Institution Name **Branch**

_____
Address, City, State, and Zip Code of Financial Institution

_____ _____
Bank Routing/Transit Number **Account Number**

The direct withdrawal will continue on a monthly basis until KC & Associates, LLC, receives a written notice of cancellation.

_____ _____
Print Your Individual Name **Print Your Individual Name**

_____ _____
Signature Date **Signature Date**

_____ _____
Phone **Phone**

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP TO THIS FORM

Please Return This Form To:

KC & Associates, LLC
P.O. Box 270487
Littleton, CO 80127-0009

***Do Not Enclose With Payment**

***If you would like confirmation of account activation, please provide your e-mail address below:**

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