

# *PineRidge HOA Update* December 8, 2015



<b>New Dues:</b>	<b>\$137.50</b>
<b>New Address:</b>	<b>PineRidge Homeowners Association 7525 PineRidge Trail Castle Pines, CO 80108</b>

The PineRidge Board is asking all homeowners to please help streamline the payment process and set up automatic quarterly dues payments through online bank services.

There are two ways to set up your automatic dues payments:

1. You initiate the process with automatic bill pay from your bank to PineRidge HOA at our new address 7525 PineRidge Trail, Castle Pines, CO 80108.
2. PineRidge HOA Operating Account at Key Bank initiates the process with ACH withdrawals from your account and your bank.

**PLEASE CHANGE YOUR RECORDS NOW.**

If you are currently set up on the ACH automatic payment process, you need to send a written termination notice to Hallmark and cancel your ACH debit withdrawal agreement. Then please fill out the attached new ACH authorization agreement and either return to Barb Saenger or mail to the above new address. Your bank account will be automatically charged \$137.50 on the first of the months of January, April, July and October, and you will receive a confirmation with your bank statement.

If you use automatic bill pay or if you write checks, you need to make sure the check is made out to PineRidge Homeowners Association for the amount of \$137.50 and mailed to the above new address. Automatic bill pay should be set up for quarterly payments on the first of the months of January, April, July and October. Payments sent to Hallmark Management on Costilla Ave., or to P.O. Box 5667, or to PineRidge HOA % Hallmark Management at a Lock Box address may result in late or lost payments.

If you want to change to ACH automatic payments, please use the attached form to get set up. If you don't know if your payments are bill pay or ACH or if you have any other questions, please contact PR Board Treasurer, Barb Saenger, immediately at [barbross10@hotmail.com](mailto:barbross10@hotmail.com) or 720-244-7407.

The PineRidge HOA Board sincerely thanks you for your understanding and assistance throughout the transition.

*Arlene Armata, Maureen Nayowith, Marilyn Kirby, Barb Saenger and Sandy Haworth*

# PineRidge HOA



## AUTHORIZATION AGREEMENT RECURRING DIRECT PAYMENTS (ACH DEBITS)

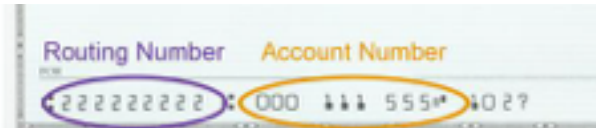
### Recurring Payments Will Make Your Life Easier:

- They are convenient (saving you time and postage).
- Your payment is always on time (even if you're out of town), eliminating late charges.
- Reduces chances of identity theft.

### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. Your payments will be made automatically on the specified day, and proof of payment will be on your bank statement.

Your Bank Name: _____
Your Bank Address: _____
Name(s) on Your Account: _____
Type of Account: ( )Checking ( )Savings
Your Bank Routing Number: _____
Your Bank Account Number: _____



The diagram shows a check with the routing number '222222222' circled in purple and the account number '000 444 555 1027' circled in yellow. Labels 'Routing Number' and 'Account Number' are placed above the respective numbers.

**Fill out and return this form to:** PineRidge Homeowners Association, 7525 PineRidge Trail, Castle Pines CO 80108 or HOA Treasurer Barb Saenger, [barbross10@hotmail.com](mailto:barbross10@hotmail.com), 720-244-7407. I (We) authorize PINERIDGE HOMEOWNERS ASSOCIATION to charge my (our) bank account indicated below in the amount of \$137.50 for payment of homeowner dues. The first payment will be made on JANUARY 1, 2016 and each subsequent payment on the first day of the months APRIL, JULY, OCTOBER. No prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected. This authorization remains in effect until you provide written notice of changes in your bank account or cancellation of this agreement to the PINERIDGE HOMEOWNERS ASSOCIATION BOARD OF DIRECTORS, 30 days prior to ACH transaction date. To protect the integrity of this program, please maintain a bank balance sufficient to honor charges presented for payment. ACH transactions rejected for Non Sufficient Funds (NSF) will incur a \$25.00 processing charge. Electronic corrections for erroneous debits are authorized.

Name: _____	Signed: _____	Date: _____
Name: _____	Signed: _____	Date: _____
Address: _____		
Phone Number: _____	email: _____	

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM**  
or certification of account name and number from your Bank