



AUTHORIZATION AGREEMENT FOR RECURRING DIRECT PAYMENTS (ACH DEBITS)

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. Even if you are out of town, your payment will be made on time.

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

Fill out and return this form to: PineRidge Homeowners Association, 7525 PineRidge Trail, Castle Pines CO 80108 or HOA Board Treasurer Ellen Hanson, pineridgecp@gmail.com, 720-363-8248. Payments will be made on the 14th day of the months JANUARY, APRIL, JULY, OCTOBER. If the 14th is a weekend, the payment will be made on the preceding Friday. No prior-notification will be provided unless the date or amount changes, in which case you will receive notice from the PR HOA Board 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 PINERIDGE HOMEOWNERS ASSOCIATION, 7 DAYS PRIOR TO ACH 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.

I (We) authorize PINERIDGE HOMEOWNERS ASSOCIATION to charge my (our) bank account indicated above in the amount of \$137.50 for payment of homeowner dues.

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

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

PineRidge HOA - 7525 Pineridge Trail - Castle Pines, CO 80108