

DILLON VALLEY WEST

P.O. Box 4844
Dillon, CO 80435

Authorization Agreement for Automatic Withdrawal (ACH)

Dillon Valley West Condominium Association

Start Date:

ASSOCIATION NAME

UNIT ID

NAME(S) LAST FIRST MI

NAME(S) LAST FIRST MI

ADDRESS

CITY STATE ZIP

DAYTIME PHONE NUMBER

EMAIL ADDRESS

I (we) hereby authorize Basic Property Management, Inc., hereinafter referred to as MANAGER, as agent for the association named above to initiate debit entries to my (our) checking/savings account at the depository named below, hereinafter referred to as DEPOSITORY, to debit the same to such account. This authorization is for only regular monthly dues assessments. Additional written authorization will be required for debit entries to be initiated for any amount more than the regular monthly dues assessment.

DEPOSITORY NAME

This authority is granted in accordance with the terms and conditions of the MANAGERS Preauthorized Electronic Assessment Payment Service Agreement & Disclosure Statement receipt of which I hereby acknowledge. This authority is to remain in full force and effect until MANAGER has received written notification from me (or either of us) of its termination in such manner as to afford MANAGER a reasonable opportunity to act on it.

SIGNATURE (REQUIRED)

DATE

SIGNATURE (REQUIRED)

DATE

ATTACH VOIDED CHECK WITH THIS AGREEMENT AND MAIL BOTH TO:

Dillon Valley West Condominium Association
c/o Basic Property Management, Inc.
PO Box 4844
Dillon, CO 80435-4844

Authorization must be received by the 15th day of the current month for processing to start the following month.