

New
 Revised (i.e. New Bank Account)

AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS

COMPANY
NAME Castlepoint HOA

I (we) hereby authorize Castlepoint HOA c/o Diversified Property Management, hereinafter called COMPANY, to initiate a debit entry to my (our) Checking Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit same to such account.

DEPOSITORY
NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING/ABA* NO. _____ ACCOUNT # _____

*Check with your financial institution regarding their ACH routing number which CAN differ from the routing number on your check.

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME _____ SIGNED _____

NAME _____ SIGNED _____

DATE _____

PROPERTY ADDRESS _____

(STAPLE VOIDED CHECK TO THIS FORM)

Your payment will be deducted automatically from your account the 6th of every month

Please Mail Form To:

Castlepoint HOA c/o Diversified Property Mgmt
P.O. Box 62218
Colorado Springs, CO 80962-2218