

The Keep Homeowners Association
Debit Authorization
ACH (Automated Clearing House) Payments

Customer Name _____
Address _____
Phone _____
Email Address _____

I (we) hereby authorize The Keep Homeowners Association, hereinafter called COMPANY, to initiate debit Entries to my (our) Checking Account / Savings Account (circle one below) indicated at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____

Type (Circle One): Checking / Savings

RT/ABA (routing #) _____ Bank Account# _____

City _____ State _____ Zip _____

This authorization is to remain in full force and effect until COMPANY 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.

Printed Name(s) _____

Signature _____

The Keep Homeowners Association account number _____

Date _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLEASE REMIT BACK TO: THE KEEP HOMEOWNERS ASSOCIATION
7995 E PRENTICE AVE – SUITE 103E
GREENWOOD VILLAGE, CO 80111-2710

**IF YOU CHOOSE TO USE THIS SERVICE, IT TAKES ONE BILLING CYCLE
BEFORE ACH IS IN EFFECT**

Please attach a blank voided check (no deposit slips).