



**AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize TrailMark Homeowners Association, Inc. hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) (Branch)

(Address) (City, State) (Zip Code)

(Routing/Transit Number) (Account Number) Type of Acct: ___ Checking ___ Savings

This authority 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

I understand that if I wish to revoke this authorization, I must notify COMPANY in writing at least 5 business days prior to the scheduled date.

(Signature) (Signature)

(Print individual name) (Print individual name)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

**PLEASE REMIT BACK TO: TRAILMARK 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***