

AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS (ACH DEBTS)

COMPANY NAME: Tamarron Association of Condominium Owners

I (we) hereby authorize Tamarron Association of Condominium Owners, Inc, hereinafter called Company, to initiate debit entries to my (our) Checking Savings (**select one**) indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to debit same account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.

Depository Name: _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

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 in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME (S) _____ UNIT #(S) _____

DATE: _____ SIGNED _____

Preferred ACH date 1st _____ 15th _____ or 30/31st _____
(on the month of the due date for Quarter ie: January, April, July and October)

or Monthly _____ (1/3 of your assessment)



There is no charge for this service. You will still receive statements, but ACH will occur on date you have chosen.
Please return completed form to Allisa Oliger aoliger@tamarronhoa.com or 314 N Tamarron Drive, Front Desk, Durango CO 81301