

Dear Homeowner:

Maximum Property Management is excited to announce that we are able to offer homeowners ACH/EFT (automatic withdrawal from your checking or savings account) to pay your monthly maintenance fee payment(s).

If you would like to sign up for this service, please fill out the enclosed "Authorization for Direct Deposits" form located at the bottom of this page and mail to Maximum Property Management 2851 S. Parker Rd Ste 840, Aurora, CO 80014. **If you are not sure where to find your routing or account number we will fill that out for you from the information on the voided check that you are required to send.**

**PLEASE RETURN A VOIDED BLANK CHECK, NOT A DEPOSIT SLIP WITH THIS FORM.**

Payments will begin to be withdrawn from your account the month you indicate on the form as long as it is received no later than the 25<sup>th</sup> of the prior month.

**ALL WITHDRAWALS WILL OCCUR BETWEEN THE 4<sup>TH</sup> AND 8<sup>TH</sup> OF EACH MONTH – NO EXCEPTIONS!**

Please let us know if you have further questions or need assistance.

Sincerely,  
Maximum Property Management

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Please check one:  New Request  Change to existing agreement

**Community Association Name** (This is NOT Maximum Property Management) \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

I (WE) HEREBY AUTHORIZE OUR HOMEOWNERS ASSOCIATION, HEREIN AFTER CALLED "COMPANY" TO INITIATE A MONTHLY CREDIT TRANSACTION IN THE AMOUNT OF OUR CURRENT MAINTENANCE FEE FROM MY/OUR ACCOUNT INDICATED BELOW AT THE BANK NAMED BELOW, HEREINAFTER CALLED "DEPOSITORY" TO CREDIT THE SAME TO SUCH ACCOUNT.

Depository (Bank) Name: \_\_\_\_\_

Branch: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Checking: Yes\_\_\_ No\_\_\_ (Check one) Savings: Yes\_\_\_ No\_\_\_ (check one)

**Begin Automatic Withdrawal: Month** \_\_\_\_\_ **Year** \_\_\_\_\_

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL TERMINATED, IN WRITING, BY EITHER THE HOMEOWNER OR "COMPANY".

NAME(S): \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ SIGNED: \_\_\_\_\_

**PLEASE MAIL THIS FORM TO THE ADDRESS ON THE LETTERHEAD LISTED ABOVE**