



AUTOPAY (ACH) AUTHORIZATION

PLEASE PRINT – ALL INFORMATION BELOW IS REQUIRED

HOMEOWNER NAME (FIRST, M.I., LAST) _____

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE NUMBER _____

ACCOUNT NUMBER FOR THE ASSOCIATION _____

(AS IT APPEARS ON YOUR STATEMENT)

REQUESTED START DATE _____

E-MAIL ADDRESS _____

I (We) hereby authorize my (our) Homeowners Association and 4 Seasons Management Group, LLC, as agent for the Association, to initiate debit/credit entries into my checking/savings account. The amount of debit will be the balance owing on the account as referenced on my (our) billing statement. The withdrawal will become effective on the 5th day of each month (unless assessments are paid quarterly, semi-annually, or annually - then it will be the 5th day of the first month of the current billing period) or the next business day if the 5th falls on a weekend or holiday. *This authorization shall remain in effect until revoked in writing or online.*

SIGNATURE _____ DATE _____

PLEASE RETURN THIS COMPLETED FORM ALONG WITH A VOIDED CHECK TO:

4 Seasons Management Group, LLC
9351 Grant Street; Suite 500; Thornton, CO 80229

ATTACH (TAPE OR STAPLE) A VOIDED CHECK HERE

DEPOSIT SLIPS ARE NOT ACCEPTABLE