



HOMES ASSOCIATION

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize CASTLE PINES HOMES ASSOCIATION to initiate a CHARGE entry to my (our) checking/savings account at the Financial Institution indicated below, and initiate adjustments (if necessary) for any transactions credited/debited in error. This authority will remain in effect until Castle Pines Homes Association is notified by me (us) in writing to cancel it in such time as to afford Castle Pines Homes Association and Financial Institution a reasonable opportunity to act on it.

Name of Financial Institution

Location (City, State)

Financial Institution's Routing/Transit Number _____
(Look between symbols “:|:” on your check)

Homeowner Signature

Date

Homeowner Name (Please Print)

Homeowner Address in Castle Pines

Checking Account Number _____

OR

Savings Account Number _____

Amount charged to account will be monthly homeowner's dues.

PLEASE ATTACH COPY OF VOIDED CHECK