

Indian Peak #15 HOA
c/o Foster Management
PO BOX 6125
Longmont, CO 80501

January 5, 2015

Indian Peaks Filing #15 Homeowner

RE: ACH Withdrawal Authorization

Dear Indian Peaks Filing #15 Homeowner,

Indian Peaks Filing #15 HOA is proud to announce that an automatic payment service is now available to you for the payment of your Monthly HOA dues. With this service, the monthly payment of your association dues can be automatically deducted from your checking or savings account and paid directly to the association, all at no additional cost to you. Once the service has begun, your HOA payments will be automatically deducted from your checking/savings account on or about the 5th of the month. There will no longer be a need to mail coupons and payments, saving you time and money.

To enroll in this service, please fill out the attached authorization form, and mail it back to the address listed above. A confirmation of receipt for your authorization will be mailed to you, along with notice of when the automatic payments will begin.

If you have any questions regarding this service, please do not hesitate to contact me via email at **Kevin@FosterMgmt.net** or via telephone at **(303) 532-4148**.

Sincerely,



Kevin Lucas CPA
Foster Management – Community Managing Agent

Indian Peaks Filing #15 HOA

AUTHORIZATION AGREEMENT AUTOMATIC DEPOSITS (ACH WITHDRAWALS)

Association Name: **Indian Peaks Filing #15 HOA**

TAX ID Number: **84-1584843**

I(We) hereby authorize Indian Peaks Filing #15 HOA, Hereinafter called ASSOCIATION, to initiate debit entries to my (our) Checking Account / Savings Account (**Select One**) indicated below at the depository financial institution named below, and to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Financial Institution Name: _____ Branch: _____

City: _____ State: _____ Zip: _____ Phone: _____

ACH/Routing Number: _____ Account Number: _____
(Must be Nine Digits)

This authorization is to remain in full force and effect until ASSOCIATION has received written notification from me (or either of us) of its termination in such time and in such manner as to afford ASSOCIATION and the FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Indian Peaks Filing #15 HOA

HOA Acct Number: _____ **PROPERTY ADDRESS:** _____

Daytime Phone Number

Email Address

Print Account Holder Name

Print Co-Account Holder Name

Account Holder Signature

Date

Co-Account Holder Signature

Date

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

A notice will be sent back to the homeowner, once the application has been received and processed, to notify you of when the automatic payments will begin.

**Please Return Form to Indian Peak #15 HOA c/o Foster Management
PO BOX 6125
Longmont, CO 80501**

Phone #: 303-532-4148 Fax #: 888-697-8805