

Minotaur Village Homeowners Association
1401 W. 122nd Ave. #101
Westminster, CO 80234-4900

RE: Direct Payments of Homeowner Association Assessments

Dear Homeowner,

The Association Board of Directors provides you with the opportunity to pay your association assessments through Direct Payments.

Enclosed with this letter is an Authorization Agreement for Direct Payments form. You will need to fill out this form and return it by the end of any calendar month, to take effect the following month should you decide you want to have your assessment paid through Direct Payment. Payment of your association assessment will be withdrawn from your account on or about the 5th day of every month, or the first business day following the 5th should the 5th fall on a weekend or a holiday.

The amount withdrawn from your account will be the total of your normal monthly assessment and any additional items (if any), including but not limited to; legal charges, fines, homeowner repair charges, bank charges, etc.

When filling out the Authorization Agreement for Direct Payments, please be careful when completing your bank information and double check all the numbers for accuracy.

Should you have any questions concerning the Direct Payment procedure or completing the form please call your Property Manager, at 303-457-1444. If you do not return the Authorization Agreement for Direct Payments, payments can not be withdrawn from your account.

Sincerely,

Board of Directors
Minotaur Village Homeowners Association

Minotaur Village Homeowners Association
1401 W. 122nd Ave. #101
Westminster, CO 80234-4900

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

Name(s) _____

Address _____
Telephone _____

I (we) hereby authorize Minotaur Village Homeowners Association to initiate debit entries to my (our) checking or savings account, **in the amount of the total charges due the association including the normal monthly assessment and any additional items (if any), including but not limited to; legal charges, fines, homeowner repair charges, bank charges, etc.**, at the bank or credit union listed below. I (we) acknowledge that the origination of direct debit transactions to my (our) account must comply with the provisions of U.S. law.

Name of bank or credit union _____

Address of bank or credit union _____

Route number _____ Account number _____

Account type: _____ checking _____ savings

Attach a copy of a voided check.

This authorization is to remain in full force and effect until Minotaur Village Homeowners Association has received written notification from me (or either of us) of its termination. Termination notification must be received in such time and manner as to afford the association and the bank or credit union a reasonable opportunity to act on it.

Name(s) _____

Association Address _____

Signature _____ Date _____

Signature _____ Date _____