



**AUTHORIZATION FORM  
DIRECT DEBIT OF ACCOUNT**

Name: \_\_\_\_\_  
Last First M.I.

Property Address: \_\_\_\_\_ Account Number: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please check an option below (select only one):

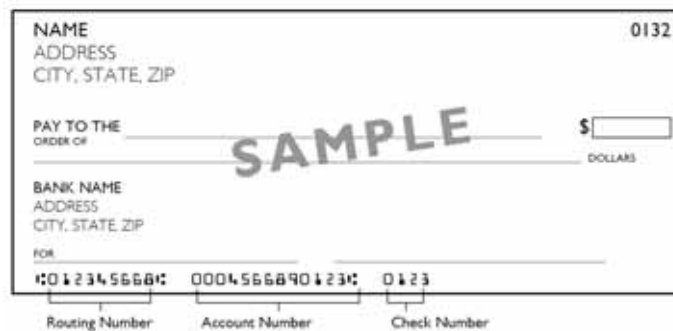
- Automatic Debit** – recurring debit from a checking **or** savings account. Please complete and sign this form, attach a voided check for the account you wish to debit and return to the address listed below. Phone number is required.
- Change of accounts and/or financial institution.** Please complete and sign this form, attach a voided check for the account you wish to debit and return to the address listed below. Phone number is required.
- Cancel participation.** Please sign this form below. Phone number is required.

Account Type (Select One):  **Checking**  **Savings**

Routing (ABA) #: \_\_\_\_\_ Account #: \_\_\_\_\_

*Your routing and checking account numbers appear at the bottom of your check. To assure accuracy, please attach a voided check. If you have trouble locating these numbers, please contact your financial institution for assistance.*

Attach Check Here



\*The invoice amount on your assessment invoice is automatically deducted from your banking account, unless written authorization is received canceling participation of direct debit. HRCA will notify you of any changes to the association fees.

\*\*Please refer to the Direct Debit Information for application deadline. You are responsible for payment until this direct debit service is established.

\*\*\*All **Returned** Direct Debit Authorizations will be subject to a \$20.00 fee.

Financial Institution's Name \_\_\_\_\_

**AUTHORIZATION STATEMENT:**

I hereby authorize Highlands Ranch Community Association and the financial institution above to debit my account electronically each payment period. This authority will remain in effect until I have signed a new authorization, or upon written notice to cancel participation.

\_\_\_\_\_  
**Signature (Required)**

\_\_\_\_\_  
**Date (Required)**