



2851 S Parker Rd, Suite 840

Aurora, CO 80014

303-369-0800

Dear Homeowner:

Keystone is excited to announce that we are able to offer homeowners ACH/EFT (automatic withdrawal from your checking or savings account) to pay your assessments and applicable current charges.

If you would like to sign up for this service, please fill out the enclosed "Authorization for Direct Deposits" form located at the bottom of this page and mail to Keystone 2851 S. Parker Rd Ste 840, Aurora, CO 80014. **If you are not sure where to find your routing or account number we will fill that out for you from the information on the voided check that you are required to send.**

PLEASE RETURN A VOIDED BLANK CHECK, NOT A DEPOSIT SLIP WITH THIS FORM.

Payments will begin to be withdrawn from your account the month you indicate on the form as long as it is received no later than the 25th of the prior month. Note that unpaid assessments, late charges, interest, return fee or collection costs are debited in full at the time ACH is processed.

ALL WITHDRAWALS WILL OCCUR BETWEEN THE 4TH AND 8TH OF EACH MONTH – NO EXCEPTIONS!

Please let us know if you have further questions or need assistance.

Sincerely,
Keystone

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Please check one: New Request Change to existing agreement

Community Association Name (This is NOT Keystone) _____

PROPERTY ADDRESS: _____

I (WE) HEREBY AUTHORIZE OUR HOMEOWNERS ASSOCIATION, HEREIN AFTER CALLED "COMPANY" TO INITIATE A MONTHLY CREDIT TRANSACTION IN THE AMOUNT OF OUR BALANCE DUE FROM MY/OUR ACCOUNT INDICATED BELOW AT THE BANK NAMED BELOW, HEREINAFTER CALLED "DEPOSITORY" TO CREDIT THE SAME TO SUCH ACCOUNT.

Depository (Bank) Name: _____

Branch: _____ City: _____ State: _____ Zip: _____

Routing #: _____ Account #: _____

Checking: Yes___ No___ (Check one) Savings: Yes___ No___ (check one)

Begin Automatic Withdrawal: Month _____ Year _____

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL TERMINATED, IN WRITING, BY EITHER THE HOMEOWNER OR "COMPANY".

NAME(S): _____ PHONE _____

_____ PHONE _____

DATE: _____

SIGNED: _____ SIGNED: _____

PLEASE MAIL THIS FORM TO THE ADDRESS ON THE LETTERHEAD LISTED ABOVE