

Z&R PROPERTY MANAGEMENT

6015 Lehman Drive, Suite 205 Colorado Springs, CO 80918
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books@zandrmgmt.com

Dear Homeowner:

Please complete and return this agreement to Z&R to initiate direct payment of your Homeowners Association dues. **Please attach or scan a voided check to accompany this form to validate the Routing and Account number.** Dues changes will automatically be adjusted, and you will be notified in writing of such an occurrence. To stop this transaction from occurring, please put the request in writing (email is accepted). When Z&R receives notification of an upcoming sale, your EFT information will be automatically deleted, and any further transactions will cease. Your signature will activate automatic withdrawal of dues from the account indicated in the amount of \$_____ on or about the 4th day of each month effective the month **after** receipt of this form:

We may report information about your account to the credit bureaus. On-time payments may have a positive impact on your credit and payments made 60 days late may have a negative impact and result in a \$25 charge. If you have an inquiry or would like to dispute something that is reported on your credit report in the future, please call (888)-851-5210

AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS

Company: **Hillsboro COA**

(To Be Completed By Owner)

I (we) hereby authorize **Hillsboro COA**, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Savings account (select one) indicated below and the depository or bank named below, hereinafter called DEPOSITORY, to debit same to such account.

Bank Name: _____

Routing Number _____ Account Number _____

To stop this transaction from occurring, please put the request in writing (email is accepted). When Z&R receives notification of an upcoming sale, your EFT information will be automatically deleted, and any further transactions will cease. Further, if Z&R no longer manages the HOA, this document will be null and void.

Name(s): _____

Phone #(s): _____

Signature(s): _____

Date: _____ For Unit: _____ Start Month: _____

Email Address: _____