

## AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

I hereby authorize **Breakaway West Association** to initiate ACH debits from my account at the financial institution named below based upon the following terms:

- Debits will occur on the 15th of the month. If the 15th is a weekend or holiday, the amount will be debited on the following banking day with no late charge or finance charge penalty.
- The amount automatically debited will include all balances due, including any late fees, finance charges, fines, etc., as shown on the monthly Owner's Statement, excluding Special Assessments (unless separately authorized).
- Any returned debits due to non-sufficient funds will be subject to late fees and finance charges in accordance with the Assessment and Collection policy.
- To defer the cost of the program, I agree to receive my monthly Owner's Statement electronically (by email) only.

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

Type of Account:    \_\_\_\_\_ Checking    \_\_\_\_\_ Savings

This agreement will remain in effect until **Breakaway West Association** receives a written notice of cancellation from me or unless I submit a new ACH debit authorization agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Unit #

Return completed form by mail, fax or e-mail to:

**Spaeth and Company, Inc.**  
**P.O. Box 3717**  
**Eagle, CO 81631**  
**Phone 970-328-2593, Fax 970-328-1995**  
**[chris@spaethandco.com](mailto:chris@spaethandco.com)**

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM (HERE)**