

ACH Authorization Agreement For Country Village Townhome Association, Inc.

Direct Draft (ACH Credits)
 Direct Disbursement (ACH Debits)

Mail: Premier Property Management, LLC
P.O. Box 632018
Littleton, CO 80163
P 303-904-9374 F 303-974-3292

Date: _____

Name

Social Security Number

Address

City

State

Zip

Phone Number

We authorize, **CASTLE ROCK BANK** to initiate or receive ACH Credits or Debits

to or from our checking or savings account at _____ in the amount
(Name of Institution)

of \$ _____ on the ___10th___ day of each month for (until notified) times.

Institution 1

Institution 2

Company: **CASTLE ROCK BANK**

Name on Account: _____

Contact: Craig Zierdt

Account type:

Checking
 Savings

Account type:

Checking
 Savings

Account Number: _____ Account Number: _____

Transit and
Routing Number: **307074124**

Transit and
Routing Number: _____

Bank Name: **CASTLE ROCK BANK** Institution Name: _____

Branch: **MAIN** Branch: _____

Bank Phone: **(303) 688-5191** Institution Phone: _____

Signature (s): _____ Date: _____

_____ Date: _____

All Written ACH Debit/Credit Authorizations must provide that the receiver may revoke the authorization only by written notification. (Clients please attach a Voided Check with this form)

PLEASE ATTACH VOIDED CHECK HERE.