

ADRIEL HILLS CONDOMINIUM ASSOCIATION

1900 Kedron Circle, Fort Collins, CO 80524
Tel: 970-484-3098 www.adrielhills.com

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

I, _____, hereby authorize Adriel Hills Condominium Association, Inc. to initiate Electronic Funds Transfer (EFT) from my bank account at the financial institution currently authorized or named on this enrollment form for the purpose(s) indicated below. I further authorize the financial institution named below to debit such account as indicated.

- HOA MONTHLY DUES *, ANNUAL INSURANCE PREMIUM:
Dues to be debited on the 5th business day of each month,
Insurance to be debited 30 days after date of invoice (could vary due to weekends/holidays)
- ADRIEL COURT UTILITIES PAYMENTS: **(Adriel Court residents only)**
Account to be debited, per monthly invoice, between the 20th and 25th of each month.

I understand that this authorization will remain in effect until Adriel Hills Condominium Association, Inc. receives from me 30 days in advance, a signed EFT Cancellation Form as notification to terminate the authorization in such time and manner to afford Adriel Hills Condominium Association, Inc. and my financial institution reasonable time to act upon it. In the event of insufficient funds in my account at the time of processing an electronic funds transfer payment, there will be a service charge according to the Adriel Hills Condominium Association, Inc. Fee Schedule in effect at the time of such insufficient fund occurrence and potentially resulting in a late fee in addition to the service charge.

Unit Address

Last four digits of Account No.

Homeowner/Account Holder Signature

Date

** By signing this document, I also grant Adriel Hills Condominium Association, Inc. authorization to change the withdrawal amount if the dues/assessment amount changes per Board of Directors' actions.*

**Only complete information below for new enrollment
or to change account information**



Information below this line will be destroyed after establishment of EFT transaction.

In order to enroll or change account, I am providing a cancelled/voided check (new enrollment only) for the account from which electronic funds are to be withdrawn AND I am providing my bank account information below:

Bank Account Information: (PLEASE WRITE LEGIBLY)

Bank/Financial Institution Name: _____

Bank/Financial Institution Address: _____

Bank/Financial Institution Phone No: _____

ABA or Bank routing No: _____

Account No: _____