

Sierra Morado Homeowner Association

AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize SIENNA COMMUNITY MANAGEMENT and/or SIERRA MORADO HOMEOWNER ASSOCIATION, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account on the specified date each month. **The amount deducted will be no less than 100% of the full balance owed at the time payment is processed unless an authorized payment arrangement has been signed and approved.*

BANK or CREDIT UNION INFORMATION:

(Financial institution name)

(Branch / City, State)

(Routing number)

(Account number)

Type of account: Checking
 Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

OWNER INFORMATION:

(Print individual name)

(Unit Number or Street Address)

(Email address)

(Phone number)

The withdrawal date will be the

5th day of the FIRST MONTH of every quarter. **

***Please allow 3 workdays to process*

(Signature)

(Date)

PLEASE ATTACH A COPY OF YOUR VOIDED CHECK TO THIS FORM!

Drop off completed form to the onsite office. Or scan and email to Rebecca Cazares at **INFO@SIENNAAZ.COM**

(Voided Check)