



19751 E. Mainstreet Suite 275
Parker, CO 80138
303-841-8658
Info@The-CPMS.com

Property Owner Information

Date: _____

Owner Name(s): _____

Property Address: _____

Mailing Address: _____

City, State, Zip: _____, _____, _____

Phone Number: () - Email: _____@_____

ENROLLMENT FOR ACH - DIRECT DEBIT

YES I do authorize ACH withdrawal to begin on_____. I am aware the withdrawals will be processed prior to the 10th of each month, the exact date subject to variation. If funds are not available, I will be responsible for all fees and costs.

I, the undersigned, as owner of the above-mentioned property, hereby authorizes CPMS, or its representative, as managing agent for the Association, to initiate a withdrawal from my checking account to pay my owner assessments each month, quarter or year per the association's policy.

The amount withdrawn will be the current assessment rate plus any past due amounts on my account. If my payment is returned for any reason by my financial institution, I acknowledge that I will be charged all fees associated with the transaction and that I am to make payment by certified check or Money Order immediately. In addition, CPMS may cancel my direct debit. If my direct debit is canceled all future payments will need to be made by check or money order.

Your direct debit will continue until we are notified in writing to cancel the enrollment or we are notified the property has sold. All change requests must be received in writing no less than 15 days prior to the 1st of the month.

Owner Signature

PLEASE ATTACH A VOIDED CHECK WHEN ENROLLING IN DIRECT DEBIT