MSI, LLC
390 Interlocken Crescent, Suite 500
Broomfield, CO 80021-8041
(303) 420-4433 Fax: (303) 420-6611

I hereby authorize a representative from MSI to initiate a direct withdrawal from my checking account to pay homeowner assessments . The withdrawal will become effective on the 5th day of each quarter or the next business day if the 5th is a weekend or holiday.

The amount of withdrawal will be the balance owing on the account.

You will receive written notification of the initial start of the direct withdrawal once the program has been set up. The direct withdrawal will continue on a quarterly basis until MSI receives written notice of cancellation.

_____
Name

_____
Email Address: ***Confirmation about ACH set up will be sent via email!***

_____
Authorized Signature

_____
Property Address

_____
Date

Please attach a VOIDED CHECK to this form.
A deposit slip CANNOT be accepted.

THIS IS AN OPTIONAL PROGRAM