

Debit Authorization – Consumer

**Please return this form with a copy/scan of a voided check to**

**[brasskey@brasskey.biz](mailto:brasskey@brasskey.biz) or by mail/delivery at:**

**115 Riverside Ave. Fort Collins, CO 80524**

Company

Name **Windmill Condo Association**

I (we) hereby authorize WindmillCondo Association, hereinafter called COMPANY, to initiate debit

Entries to my (our)  **Checking Account** /  **Savings Account (circle one)** indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository (Bank)

Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

This authorization 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 in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_

(Please Print)

Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

Name \_\_\_\_\_

Condo Address(Unit #) \_\_\_\_\_

Email \_\_\_\_\_