

Cherry Creek Pointe Townhouse Association
14901 E Hampden Ave Suite 320
Aurora, CO 80014
(303) 693-2118 (303) 693-8803

Date: _____

Property Address: _____

Name: _____

Address: _____

City, State, ZIP: _____

Authorization for Direct Withdrawal of Association Dues

The undersigned, as owner of the above mentioned property, hereby authorizes Cherry Creek HOA Professionals, LLC, or its representative, as managing agent for Cherry Creek Pointe Townhouse Association, to initiate a withdrawal from my checking account to pay homeowner assessments each month. The withdrawal will become effective on the **5th** day of each month, or the next business day if the 5th falls on a weekend or holiday. The amount of the withdrawal will be the current monthly assesment rate for **Cherry Creek Pointe Townhouse Association.**

The withdrawal will first be made on the 5th day of the month following receipt of this letter by the managing agent and will continue on a monthly basis until a written notice of cancellation is received by Cherry Creek HOA Professionals, LLC, as managing agent for the Association.

Authorized Signature

Date

Attach a voided check to this form.