City View Lofts Homeowners Association, Inc.
"City View Lofts"

AUTHORIZATION AGREEMENT FOR ELECTRONIC TRANSFERS (DEBITS)

HOMEOWNER NAME: _____
City View Lofts Unit # _____

I hereby authorize HOA Simple, LLC to initiate entries to debit my account as described below to pay my City View Lofts Homeowners Association monthly homeowner assessment. The account debit will be effective the 5th day of each month or the next business day should the 5th occur on a weekend or bank holiday. The amount of the debit will be my current monthly assessment for my City View Lofts Homeowners Association homeowner account.

Account Number: _____

The account is a: (____) Checking Account (____) Savings Account.

Financial Institution: _____

Financial Institution Address: _____

Bank Routing Number: _____

This authority is to remain in full force and effect until HOA Simple, LLC has received written notification of homeowner's intent to terminate. Such notice must be received in time and in such manner as to afford a reasonable opportunity to act on it.

_____
Signature

_____
Date

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

Fax completed form to (303) 260-7176
or mail to

HOA Simple
PO Box 13823
Denver, CO 80201