

Instructions for requesting Autopay (ACH) for Park River West Quarterly Association Dues

1. Complete and sign the ACH Authorization Form (see page 2).

Here are recommendations: It is suggested that on the line "*Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]*" that you have an open-ended statement such as PRW quarterly dues. By doing so, you avoid the need to update the form when dues are changed. It is suggested that on the line "*Date(s) and/or frequency of debit(s)*" that you write January 1, April 1, July1, October 1.

2. Save the completed form as a PDF. If you fill it out by hand, please scan the signed form.
3. Scan or take a clear photo of a voided check for the bank account from which payments will be withdrawn.
4. Email the completed ACH form and the voided check image to PRW Treasurer, Helen Evans, at helensevans@aol.com or mail to Park River West Condo Assn at P.O. Box 1405, Estes Park, CO 80517
5. You will receive an email confirmation once your ACH request has been processed.

AUTHORIZATION AGREEMENT

DEBIT AUTHORIZATION (PPD-Prearranged Payment)

I (we) authorize Park River West Condominium Association Inc. ("COMPANY") to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits as follows:

___ Checking Account/ ___ Savings Account (select one) at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name _____

Routing Number _____

Account Number _____

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]:

_____.

Date(s) and/or frequency of debit(s):

_____.

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 10 days prior notice in order to cancel this authorization.

Name(s)

(Please Print)

Date _____

Signature(s)
