

_____(HOA)
Unit ____/\$_____/Mo.

AUTHORIZATION FOR DIRECT PAYMENT

I authorize Blue River Property Management LLC., on behalf of _____ (HOA), and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

(NAME OF YOUR FINANCIAL INSTITUTION) (BRANCH)

(CITY) (STATE) (ZIP CODE)

(SIGNATURE) (DATE)

NAME(PLEASE PRINT): _____

ADDRESS: _____

PHONE NUMBER: (H) _____ (W) _____

Account Number: _____ Checking _____ Savings _____

Financial Institution Routing Number _____
(located on the bottom left of your check)

**Please attach a
VOIDED CHECK
HERE**

RETAIN FOR YOUR RECORDS: On _____ I authorized: _____ HOA
(date) PO BOX _____
Breckenridge, CO 80424
970-453-6590
970-453-5834 (fax)

to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to the address above.

Initial Payment Amount: \$ _____ per Month

(If payment amount changes we will notify you at least 30 days before the regularly scheduled payment date.)