



DEBIT AUTHORIZATION FORM

I (we) hereby authorize CASTLE PINES HOMES ASSOCIATION to initiate a CHARGE entry* to my (our) checking/savings account at the Financial Institution indicated below, and initiate adjustments (if necessary) for any transactions credited/debited in error. This authority will remain in effect until Castle Pines Homes Association is notified by me (us) in writing to cancel it in such time as to afford Castle Pines Homes Association and Financial Institution a reasonable opportunity to act on it.

Name of Financial Institution _____

Financial Institution's Routing/Transit Number _____
(Look between symbols “|: |:” on your check)

Checking Account Number _____ OR

Savings Account Number _____

Street Address within Castle Pines Homes Association (“The Village Castle Pines”)

Homeowner/Bank Account Owner Name Email Address
(Please Print)

Homeowner/Bank Account Owner Signature Date

*Amount charged to account will be the homeowner's assessed monthly dues.

PLEASE ATTACH COPY OF VOIDED CHECK

688 W. Happy Canyon Road ♦ Castle Rock, CO 80108 ♦ P 303-814-1345 ♦ F 303-814-1563

www.thevillagecastlepines.com