

**MSI, LLC**  
11002 Benton St.  
Westminster, CO 80020  
(303) 420-4433 Fax: (303) 420-6611

I hereby authorize a representative from MSI to initiate a direct withdrawal from my checking account to pay homeowner assessments. The withdrawal will become effective on the 5th day of each month (unless assessments are paid quarterly, semi-annually or annually - then it will be the 5th day of the first month of the current billing period) or the next business day if the 5th is a weekend or holiday.

**The amount of withdrawal will be the balance owing on the account.**

You will receive written notification of the initial start of the direct withdrawal once the program has been set up. The direct withdrawal will continue on a monthly basis until MSI receives written notice of cancellation.

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Name

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Email Address: **Confirmation about ACH set up will be sent via email!**

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Authorized Signature

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Property Address

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Association Name

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Date

**Please attach a VOIDED CHECK to this form.  
A deposit slip CANNOT be accepted.**

**THIS IS AN OPTIONAL PROGRAM**

Rev. 11/2013