

Eolus Condominium Association Inc.

**117 Needles Way, Eolus #13
Durango, CO 81301**

Authorization Agreement for Automated Clearing House (ACH) Payments

Please complete and return this form if you desire to have your monthly assessment paid directly from your bank account. If additional charges accrue for the month, you will be sent a statement itemizing the additional charges, which should be paid separately by check.

Your assessment payment will be drafted on the 5th of each month.

Please indicate your Unit(s): _____

I (we) authorize <u>Eolus Condominium Association, Inc.</u> (hereinafter called the Company) to initiate variable entries to my (our) account described below: Checking Acct No. _____ Savings Acct No. _____ Financial Institution's Name _____ Financial Institution's Address _____ _____ Financial Institution's Routing Number _____ (found between these symbols :_____-_____: on the bottom left of your check or savings deposit slip). This authority is to remain in full force and effect until the Company has received written notification from me (or either one of us) of its termination in such time and manner as to afford the Company a reasonable opportunity to act on it. Name _____ Date _____ Address _____ Telephone No. _____

A VOIDED CURRENT CHECK MUST BE ATTACHED

Please return this form to:

**Eolus Condominium Association, Inc.,
117 Needles Way, Eolus #13
Durango, CO 81301**