

BROOKS TOWER RESIDENCES
1020 15th Street, Denver, CO 80202
303-629-7200 (Fax 303-825-6941)

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

OWNER _____ **UNIT NUMBER** _____

I (we) hereby authorize Brooks Tower Residences Condominium Association, Inc. hereinafter called COMPANY, to initiate debit entries to my (our) **Checking or Savings** account (circle one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY BANK

DEPOSITORY
NAME _____ **BRANCH** _____

CITY _____ **STATE** _____ **ZIP** _____

TRANSIT/ABA NO. _____ **ACCOUNT NO.** _____

AMOUNT OF DEBIT _____ (monthly assessment plus any other charges assessed)

WORK ORDERS, PARKING, ACCESS CARDS/FOBS, LOCKER RENTAL INCLUDE WITH MONTHLY ASSESSMENT DEDUCTION

_____ (YES) _____ (NO)

DATE OF PAYMENT: First of every month

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____ **UNIT NO.** _____

DATE _____ **SIGNED** _____