



**AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS  
(DEBITS)**

Association Name _____
Unit #/ Address _____

I (we) hereby authorize Wilderness Property Management, LLC and affiliated companies, hereinafter called "Company", to debit the account of the undersigned depositor indicated below and the depository named below, hereinafter called "Depository" to debit same to such account, subject to the terms and conditions listed on the reverse side of this authorization.

Depository Name _____
Branch Location _____, City _____ St _____ Zip _____
Bank Routing/Transit # _____ Account # _____

This authorization is to remain in full force and effective until COMPANY has received written notification from the undersigned of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name of Depositor (s) _____
Signature of Depositor (s) _____
Date _____
Email address _____ Ph #. _____

**PLACE A VOIDED  
CHECK  
HERE**

## **TERMS AND CONDITIONS**

1. The Company shall not be required to give notice of homeowners dues becoming payable. Withdrawals will be made for the total of dues payable for the month.
2. Special assessments will require a separate authorization form.
3. Work orders charged to your account will not be withdrawn through this program. You will be billed for work orders separately.
4. Withdrawals may be discontinued if request for payment is not honored
5. The Company shall incur no liability as a result of withdrawals being dishonored. Costs incurred from such dishonored withdrawals will be assessed to the depositor, including a \$20.00 service charge payable to the Company. The Company reserves the right to change the service charge.
6. This authorization shall not impose any legal obligation on the Company to make such withdrawals.
7. No dues will be considered paid until the Company actually receives the funds

## **IMPORTANT INFORMATION FOR COMPLETING THIS FORM**

1. Complete all information in the Gray Boxes
2. All depositors must sign and date the form
3. A VOIDED CHECK MUST BE ENCLOSED

IF YOU WISH TO HAVE A NOTICE SENT VIA EMAIL REGARDING THE DATE OF THE FIRST WITHDRAWAL, PLEASE PROVIDE YOUR EMAIL ADDRESS ON THE FRONT OF THIS FORM.

## **MAILING INSTRUCTIONS**

Wilderness Property Management  
PO Box 1162  
Silverthorne, CO 80498