

# VillaRosso Residences at DTC West

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4875 South Monaco Street Denver, CO 80237 720-529-8261

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## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH Debits)

Name 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Name 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

I (we) hereby authorize VillaRosso Residences at DTC West to initiate debit entries to my (our) checking or savings account, **in the amount due of the shown on the monthly billing statement**, at the bank or credit union listed below. I (we) acknowledge that the origination of direct debit transactions to my (our) account must comply with the provisions of U.S. law.

Name of Bank or Credit Union \_\_\_\_\_

Address of Bank or Credit Union \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

(9 digit number found between the |: and :| at the bottom of your check)

Account Number \_\_\_\_\_

Account Type: \_\_\_\_\_ Checking Account \_\_\_\_\_ Savings Account

Starting Date: \_\_\_\_\_

This authorization is to remain in full force and effect until VillaRosso Residences at DTC West has received written notification from me (or either of us) of it's termination. Termination notification must be received in such time and manner as to afford VillaRosso Residences at DTC West and the bank or credit union a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_ VillaRosso Unit # \_\_\_\_\_

Signature 1 \_\_\_\_\_ Date \_\_\_\_\_

Signature 2 \_\_\_\_\_ Date \_\_\_\_\_

[Attach a copy of a voided check]